



# American Federation of Police & Concerned Citizens

A Program of the United States Law Enforcement Foundation

## POLICE FAMILY SURVIVORS FUND

Helping Families of Officers Killed in the Line of Duty



### FAMILY SURVIVOR APPLICATION

Complete this form online at: [www.afp-cc.org/survivorapplication](http://www.afp-cc.org/survivorapplication)

#### Fallen Officer Information

Officer's Full Name \_\_\_\_\_

Rank \_\_\_\_\_

EOW Date \_\_\_\_\_

Department/Agency \_\_\_\_\_

City/State \_\_\_\_\_

#### Surviving Family Members

Information may be submitted for spouses, minor children, adult children, parents and siblings.

Name \_\_\_\_\_

Name \_\_\_\_\_

Complete Date of Birth \_\_\_\_\_

Complete Date of Birth \_\_\_\_\_

Relationship to Officer \_\_\_\_\_

Relationship to Officer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Complete Date of Birth \_\_\_\_\_

Complete Date of Birth \_\_\_\_\_

Relationship to Officer \_\_\_\_\_

Relationship to Officer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_ Information provided by \_\_\_\_\_ Rank \_\_\_\_\_

**Submit this form to:**

AFP&CC - Police Family Survivors Fund  
American Police Hall of Fame Building  
6350 Horizon Drive  
Titusville, FL 32780

Over 

**For more information contact us at:**

**Phone:** (321)264-0911 ext. 102

**Fax:** (321) 264-0033

**E-mail:** [loris@aphf.org](mailto:loris@aphf.org)

**A Nationwide Program to Help Families of Officers Killed in the Line of Duty**

## Surviving Family Members Continued

Name \_\_\_\_\_

Complete Date of Birth \_\_\_\_\_

Relationship to Officer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Complete Date of Birth \_\_\_\_\_

Relationship to Officer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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Complete Date of Birth \_\_\_\_\_

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