

CONCERNS OF POLICE SURVIVORS
PO BOX 3199, CAMDENTON, MO 65020
(573) 346-4911 // COPS@NATIONALCOPS.ORG



FAMILY CONTACT FORM – All information provided to C.O.P.S. is kept in strict confidence and will not be shared. C.O.P.S. does not solicit our membership.

OFFICER'S FULL NAME: _____ AGENCY NAME: _____

DATE OF INCIDENT: _____ DATE OF DEATH: _____

IS THERE A SURVIVING LEGALLY MARRIED SPOUSE? _____

IS THERE A SURVIVING FIANCÉ? _____

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

PLEASE LIST DEPENDENT CHILDREN LIVING WITH THE SPOUSE (UNDER 21):

NAME _____ DOB _____ MALE _____ FEMALE _____

NAME _____ DOB _____ MALE _____ FEMALE _____

NAME _____ DOB _____ MALE _____ FEMALE _____

NAME _____ DOB _____ MALE _____ FEMALE _____

_____ **CHECK HERE IF CHILDREN LIVE WITH A GUARDIAN OTHER THAN SPOUSE.**

PLEASE LIST SURVIVING ADULT CHILDREN (OVER 21):

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

SURVIVING ADULT CHILDREN CONTINUED...

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

PLEASE LIST SURVIVING PARENTS:

NAME _____ MALE _____ FEMALE _____

RELATIONSHIP _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

NAME _____ MALE _____ FEMALE _____

RELATIONSHIP _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

PLEASE LIST SURVIVING SIBLINGS:

NAME _____ MALE _____ FEMALE _____

DOB _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

SURVIVING SIBLINGS CONTINUED...

NAME _____ MALE _____ FEMALE _____

DOB _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

NAME _____ MALE _____ FEMALE _____

DOB _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

NAME _____ MALE _____ FEMALE _____

DOB _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

NAME _____ MALE _____ FEMALE _____

DOB _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

PLEASE LIST ANY ADDITIONAL SURVIVORS AND INCLUDE RELATIONSHIP TO THE OFFICER INCLUDING THOSE THAT LIVE OUT OF STATE.

NAME _____ MALE _____ FEMALE _____

RELATIONSHIP _____ DOB _____

ADDRESS _____ CITY, STATE & ZIP _____

PHONE # _____ EMAIL ADDRESS _____

ADDITIONAL SURVIVORS CONTINUED...

NAME _____ MALE _____ FEMALE _____
RELATIONSHIP _____ DOB _____
ADDRESS _____ CITY, STATE & ZIP _____
PHONE # _____ EMAIL ADDRESS _____

NAME _____ MALE _____ FEMALE _____
RELATIONSHIP _____ DOB _____
ADDRESS _____ CITY, STATE & ZIP _____
PHONE # _____ EMAIL ADDRESS _____

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PHONE # _____ EMAIL ADDRESS _____

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RELATIONSHIP _____ DOB _____
ADDRESS _____ CITY, STATE & ZIP _____
PHONE # _____ EMAIL ADDRESS _____

ADDITIONAL SURVIVORS CONTINUED...

NAME _____ MALE _____ FEMALE _____
RELATIONSHIP _____ DOB _____
ADDRESS _____ CITY, STATE & ZIP _____
PHONE # _____ EMAIL ADDRESS _____

NAME _____ MALE _____ FEMALE _____
RELATIONSHIP _____ DOB _____
ADDRESS _____ CITY, STATE & ZIP _____
PHONE # _____ EMAIL ADDRESS _____

NAME _____ MALE _____ FEMALE _____
RELATIONSHIP _____ DOB _____
ADDRESS _____ CITY, STATE & ZIP _____
PHONE # _____ EMAIL ADDRESS _____

NAME OF PERSON FILLING OUT THIS FORM: _____

EMAIL ADDRESS: _____

RETURN TO LISSA_MCCABE@NATIONALCOPS.ORG OR LAURIE_PUTNAM@NATIONALCOPS.ORG

