



CORRECTIONAL PEACE OFFICERS FOUNDATION

Donation: \$ _____

Member Since: _____

Roster: _____

State: _____

FOR OFFICE USE

ASSISTANCE REQUEST FORM

BEREAVEMENT

DATE: _____ REPORT TAKEN BY: _____

EMPLOYEE'S NAME: _____

JOB TITLE: _____ SOC. SECURITY #: _____ - _____ - _____

CELL PH # _____ SPOUSE NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FACILITY: (*at time of death*): _____

NAME OF WARDEN/SUPT/ADMIN: _____

PHONE #: _____ EMAIL: _____

NAME OF DECEASED (*if other than employee*): _____

CAUSE OF DEATH: _____ DATE: _____

NAME OF BENEFICIARY(S) IF OTHER THAN SPOUSE: _____

REFERRING PERSON INFORMATION

NAME: _____ JOB TITLE: _____

FACILITY: _____ SUPPORTING MEMBER: *yes* _____ *no* _____

EMAIL: _____ CELL/OTHER PH #: _____

Additional information: _____

*** Please include a copy of the **Death Notice** and/or **Obituary** when submitting the completed Bereavement Form.**