



CORRECTIONAL PEACE OFFICERS FOUNDATION

Donation \$ _____

Member Since _____

State _____

FOR OFFICE USE ONLY

ASSISTANCE REQUEST FORM "BEREAVEMENT"

DATE: _____ REPORT TAKEN BY: _____

EMPLOYEE'S NAME: _____

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

SPOUSE NAME: _____ CELL PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FACILITY (*at time of death*): _____

NAME OF WARDEN: _____

PHONE #: _____ EMAIL: _____

NAME OF DECEASED: _____

CAUSE OF DEATH: _____ DATE: _____

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

REFERRING PERSON INFORMATION

NAME: _____ JOB TITLE: _____

FACILITY ASSIGNED: _____

WORK PH #: _____ CELL/OTHER PH #: _____

Additional information: _____

*** Please include a copy of the **Funeral Contract** between the funeral home and applicant when submitting the completed Bereavement form.**