



CORRECTIONAL PEACE OFFICERS FOUNDATION

P. O. Box 348390 ~ SACRAMENTO, CA 95834-8390
PH: 916.928.0061 ~ FAX: 916.928.4796 ~ EMAIL: MAIL@CPOF.ORG

Donation: \$ _____

Member Since: _____

Roster: _____

State: _____

FOR OFFICE USE

ASSISTANCE REQUEST FORM BEREAVEMENT

DATE _____ *Report Taken By* _____

EMPLOYEE NAME _____

JOB TITLE _____ SOC. SECURITY # _____

CELL PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF SPOUSE _____

CORRECTIONAL FACILITY _____

NAME OF WARDEN/SUPT _____ PHONE _____

Name of Deceased _____
(employee, spouse or dependent child)

Cause of Death _____ Date _____

Name of person financially responsible for funeral expenses (*name must match the name on the funeral contract*)

(*must submit copy of funeral contract*)

Add'l information _____

REFERRING PERSON INFORMATION

Name _____ Job Title _____

Facility _____ Supporting Member yes _____ no _____

Email _____ Cell Phone _____

**Please include a copy of the Funeral Contract
when submitting the completed bereavement form.**