

The American Police Hall of Fame & Museum



American Federation of Police & Concerned Citizens
Police Family Survivors Fund
 A Nationwide Program to Help Families of Officers Killed in the Line of Duty
Program Application



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
 6350 Horizon Drive
 Titusville, FL 32780



For more information contact us at:
 Phone: (321)264-0911
 Fax: (321) 264-0033
 E-mail: loris@aphf.org

Surviving Family Members Continued

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 _____
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