

**BEMIDJI POLICE DEPARTMENT
LINE OF DUTY DEATH
POLICY & PROTOCOL**

**CONFIDENTIAL
INFORMATION
FORM...**

CONFIDENTIAL
Line-of-Duty Death Information

Please print or type all responses

PERSONAL INFORMATION

Name: _____
Last First Middle

Home address: _____

City: _____ State: _____ APT _____

Home phone: _____ Badge #: _____
Empl. #: _____

FAMILY INFORMATION

Spouse's name: _____
Last First Middle

Address and telephone number _____
If different from above: _____

Spouse's employer, work _____
Address and telephone number: _____

Name and dates Of birth of your Children: 1. _____ DOB: _____
2. _____ DOB: _____
3. _____ DOB: _____
4. _____ DOB: _____
5. _____ DOB: _____

If you are divorced, please provide name, address and telephone number(s) of your ex-spouse:

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Do you wish your ex-spouse to be contacted in the case of serious injury or in the line of duty death?

Yes No

Please list the name, address, and telephone number(s) of your children who live outside the family home and key relatives (parents, siblings, in-laws, etc.). Include relationship:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

(If more room is needed, please list on back of this page)

IN CASE OF SERIOUS INJURY

Name, address and phone number(s) of your family physician or medical clinic:

Name, address and phone number(s) of your family dentist or dental clinic:

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IN CASE OF LINE-OF-DUTY DEATH**

Please list the person(s) you would like to be contacted by a police representative in case of serious injury or death in the line of duty. Begin with the first person you would like notified.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Is there anyone you would like to accompany the police representative when the notification is made to your immediate family? If someone other than a Bemidji Police representative, please include address and telephone number(s):

- 1. _____
- 2. _____

If there anyone you would like contacted to assist your family, or to assist with funeral arrangements, or related matters that is not listed above? This person should be knowledgeable concerning your life insurance representatives, location of your will, etc.:

- 1. _____
- 2. _____

Please list any preferences you may have regarding these funeral arrangements:

Funeral home: _____

Religious site (church, synagogue, etc.): _____

Presiding clergy: _____

Do you wish to have a visitation? Yes No
If yes, for how many evenings? _____

Are you a veteran of the U. S. Armed Services? Yes No

If yes, do you wish a military funeral? Yes No

Do you wish a law enforcement funeral? Yes No

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Do you wish an open casket? Yes No

Do you wish your remains to be buried or cremated?

If you wish to be buried, do you prefer to be buried in uniform or in civilian clothes?

If cremated, do you have any wishes regarding your remains? _____

List any preferences you have to serve as pallbearers:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Do you wish any particular songs/hymns to be played at the religious service? Yes No

If yes, please list: _____

Do you wish a eulogy to be delivered? Yes No

If yes, please indicate who should deliver the eulogy: _____

Do you wish flowers to be omitted in lieu of contributions to a charity or memorial?

Yes No

If yes, please list the charity or memorial: _____

Cemetery: _____

Has a plot already been purchased? Yes No

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If yes, please indicate plot number: _____

PLEASE ALSO PROVIDE THE FOLLOWING

Name, address and phone number of your attorney: _____

Do you have a will? Yes No

If yes, where is it located? _____

List any life insurance policies you may have:

Company:

Policy #:

Location:

1. _____

2. _____

3. _____

Please list memberships in law enforcement, religious or community organizations that may provide assistance to your family:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

OPTIONAL VOLUNTARY INFORMATION

Are there any special requests or directions you would like followed upon your death?

Signature: _____ Date: _____

THIS FORM SHOULD BE PLACED IN THE SEALED ENVELOPE PROVIDED, SEALED, SIGNED AND MARKED “PRIVATE”, “TO BE OPENED ONLY IN THE EVENT OF SERIOUS INJURY OR LINE-OF-DUTY DEATH”.