



# LINE OF DUTY DEATH & EMERGENCY NOTIFICATION

*This is not a legally binding document.*

Emergency Notification Personal Request Packet for:

LAST

FIRST

MIDDLE

Form last updated on:

*Upon separation, I wish to have this document*

☐ Retained indefinitely

☐ Destroyed upon separation from the department



The information that you provide on this form will be used **ONLY** in the event of your serious injury or death in the line of duty. Please take the time to fill it out accurately because the data will be of extreme comfort to your family and the Livermore Police Department in fulfilling your wishes.

## CONTACT INFORMATION

Full Legal Name:	<input type="text"/>
Home Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
SSN#:	<input type="text"/>
Home Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>
Date of birth:	<input type="text"/>

## NOTIFICATIONS

Who do you request from the department to make a notification to family members?

Every reasonable and timely effort will be made to make this request possible in the order that you list.

Name:	<input type="text"/>
Cell Phone:	<input type="text"/>
Address:	<input type="text"/>
Name:	<input type="text"/>
Cell Phone:	<input type="text"/>
Address:	<input type="text"/>
Name:	<input type="text"/>
Cell Phone:	<input type="text"/>
Address:	<input type="text"/>



### Who do you request to serve as the survivor support liaison officer(s) for your family?

This person or persons will be the primary point of contact for your family once death or serious injury notification has taken place.

Name:

Cell Phone:

Additional Information:

Name:

Cell Phone:

Additional Information:

### CONSENT TO SEARCH

I give permission to the following individual(s) to go through my:

Desk:

Locker:

Work Area:

Phone:  Password:

Laptop:  Password/Combination:

### FAMILY INFORMATION

Please list the following information of key relatives (parents, siblings, in-laws, etc.) and friends. If you are aware of one of these individuals having a serious medical condition that may adversely affect them upon receipt of notification, please indicate this on the form. Please indicate if language interpretation would be helpful.

### POINT OF CONTACT FOR FAMILY

Name:

Relationship:

Street Address:



City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:

Address:

Additional Information:

☐ Spouse/Partner ☐ Parent ☐ Child ☐ Other Relationship

Name:

Street Address:

City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:

Additional Information:

☐ Spouse/Partner ☐ Parent ☐ Child ☐ Other Relationship

Name:

Street Address:

City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:

Additional Information:

☐ Spouse/Partner ☐ Parent ☐ Child ☐ Other Relationship

Name:

Street Address:

City:  State:  Zip:



Cell Phone:

Work Phone:  Home Phone:

Additional Information:

☐ Spouse/Partner ☐ Parent ☐ Child ☐ Other Relationship \_\_\_\_\_

Name:

Street Address:

City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:

Additional Information:

☐ Spouse/Partner ☐ Parent ☐ Child ☐ Other Relationship \_\_\_\_\_

Name:

Street Address:

City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:

Additional Information:

☐ Spouse/Partner ☐ Parent ☐ Child ☐ Other Relationship \_\_\_\_\_

Name:

Street Address:

City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:



Additional Information:

☐ Spouse/Partner    ☐ Parent    ☐ Child    ☐ Other Relationship

Name:

Street Address:

City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:

Additional Information:

☐ Spouse/Partner    ☐ Parent    ☐ Child    ☐ Other Relationship

Name:

Street Address:

City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:

Additional Information:

☐ Spouse/Partner    ☐ Parent    ☐ Child    ☐ Other Relationship

Name:

Street Address:

City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:

Additional Information:



## PERSONAL MEDICAL INFORMATION

## PHYSICIAN INFORMATION

Physician's Name:

Medical Facility:

Street Address:

City:  State:  Zip:

Office Phone:  Emergency Number:

Alternate Physician:

Additional Information:

## DIRECTIVES

Are there medical directives/Legal Documentation in existence? ☐ Yes ☐ No

If so, where is it located:

Is your family aware of your medical directives/Legal Documentation? ☐ Yes ☐ No

If you do not have medical directives, do you wish for extra efforts to be used to prolong your life in the event you are unable to communicate after a serious accident? ☐ Yes ☐ No

OR, do you wish to leave that decision to a family member? ☐ Yes ☐ No

If so, please list their information below:

Name:

Relationship:

Street Address:

City:  State:  Zip:

Cell Phone:

Work Phone:  Home Phone:



Additional Information:

## AFTER LIFE REQUESTS

I prefer: ☐ Internment ☐ Entombment ☐ Cremation

## FUNERAL HOME SERVICE WISHES

Funeral Home Name:

Street Address:

City:  State:  Zip:

Phone:

Additional Information:

## BURIAL WISHES

Cemetery:

Street Address:

City:  State:  Zip:

Phone:

Has a plot already been purchased? ☐ Yes, plot #  ☐ No

Would you prefer to be buried in ☐ Uniform ☐ Civilian Clothes

Please list any preferences you have for pallbearers:

Additional Information:

## CREMATION WISHES

Do you have any wishes regarding your remains?

## FUNERAL REQUESTS

Type of funeral you wish to have: ☐ Law Enforcement ☐ Private ☐ Both





## MILITARY SERVICE WISHES & LAW ENFORCEMENT ASSOCIATIONS

Are you an active reservist or veteran of the U.S. Armed Forces

☐ Yes

☐ No

Which branch of the military do you belong to:

If you are active reservist, please provide contact information for your unit below:

If you are entitled to a military funeral as determined by the Department of Veterans Affairs, do you wish to have one?

☐ Yes

☐ No

Are you entitled to veteran benefits?

☐ Yes

☐ No

Are you entitled to military honors?

☐ Yes

☐ No

Are you a member of any law enforcement associations?

☐ Yes

☐ No

If YES, please list them below:

## Religious Service Wishes – Do you wish to have a religious service?

☐ Yes

☐ No

Religious Affiliation:

Religious Site (Church, Synagogue, etc...):

Address:

City:

State:

Zip:

Phone:

Presiding Clergy:

Phone:

Second Choice Clergy:

Phone:



## DIGNITARIES

If you elected to have a public memorial, please list any dignitaries, or people you would like to attend and/or speak at your funeral service:

Please list any dignitaries or people you would like EXCLUDED from your funeral service:

Would you like a eulogy to be delivered?

☐ Yes

☐ No

If so, who would you like to deliver it?

## FUNERAL REQUESTS

Do you wish to have any particular songs or hymns played?

☐ Yes

☐ No

Do you have any special requests for your funeral service or wake?

Would you like contributions to be made to a charity in lieu of flowers?

☐ Yes, to

☐ No

Additional requests:

## WILL/TRUST INFORMATION

Do you have a will or living trust?

☐ Yes

☐ No

If so, where is it located?

Name of your Attorney:

Law Firm:

Address:

City:

State:

Zip:

Office Phone:



Executor's Name:

Relationship:

Street Address:

City:  State:  Zip:

Cell Phone:  Home Phone:

Work Phone:

Additional Information:

### POWER(S) OF ATTORNEY

Do you have a Power of Attorney on file with PERS? ☐ Yes ☐ No

### FINANCIAL INFORMATION

Bank:

Branch/Location:

Account Number:

Additional Bank/Savings:

Additional Bank/Savings:

Account Number:

Account Number:

### CREDITORS

☐ Mortgage ☐ Landlord ☐ Auto ☐ Other Vehicle ☐ Credit Card

☐ Online Financial Account ☐ Other:



Lender:

Account Number:

Contact Info for Lender:

PIN/Address of Property/Additional Information:

☐ Mortgage    ☐ Landlord    ☐ Auto    ☐ Other Vehicle    ☐ Credit Card

☐ Online Financial Account    ☐ Other:

Lender:

Account Number:

Contact Info for Lender:

PIN/Address of Property/Additional Information:

☐ Mortgage    ☐ Landlord    ☐ Auto    ☐ Other Vehicle    ☐ Credit Card

☐ Online Financial Account    ☐ Other:

Lender:

Account Number:

Contact Info for Lender:

PIN/Address of Property/Additional Information:



☐ Mortgage    ☐ Landlord    ☐ Auto    ☐ Other Vehicle    ☐ Credit Card

☐ Online Financial Account    ☐ Other:

Lender:

Account Number:

Contact Info for Lender:

PIN/Address of Property/Additional Information:

☐ Mortgage    ☐ Landlord    ☐ Auto    ☐ Other Vehicle    ☐ Credit Card

☐ Online Financial Account    ☐ Other:

Lender:

Account Number:

Contact Info for Lender:

PIN/Address of Property/Additional Information:

☐ Mortgage    ☐ Landlord    ☐ Auto    ☐ Other Vehicle    ☐ Credit Card

☐ Online Financial Account    ☐ Other:

Lender:

Account Number:

Contact Info for Lender:

PIN/Address of Property/Additional Information:



## INSURANCE INFORMATION FINANCIAL INFORMATION

Type of Insurance: ☐ Life ☐ Auto ☐ Home ☐ Other:

Insurance Provider:

Agent:

Phone Number:

Policy Number (s):

Type of Insurance: ☐ Life ☐ Auto ☐ Home ☐ Other:

Insurance Provider:

Agent:

Phone Number:

Policy Number (s):

Type of Insurance: ☐ Life ☐ Auto ☐ Home ☐ Other:

Insurance Provider:

Agent:

Phone Number:

Policy Number (s):

Type of Insurance: ☐ Life ☐ Auto ☐ Home ☐ Other:

Insurance Provider:

Agent:

Phone Number:



Policy Number (s):

Type of Insurance: ☐ Life ☐ Auto ☐ Home ☐ Other:

Insurance Provider:

Agent:

Phone Number:

Policy Number (s):

## PERSONAL ITEMS

Do you have any personal possessions you wish to give to a specific individual?

Name:  Name:

Item:  Item:

Name:  Name:

Item:  Item:

**In the event that I have personal weapon(s), or high-capacity magazines, I would like to designate the following law enforcement officer(s) to take possession of the restricted item(s):**

Name:

Weapon:

Make:  Model:

Serial Number:

Name:

Weapon:

Make:  Model:

Serial Number:

Name:



Weapon:

Make:  Model

Serial Number

Other:

Other:

Other:

Other:

Other:

### ADDITIONAL INFORMATION & REQUESTS

I would like to make these additional requests, or give information that did not fit on the previous pages, such as additional family members, financial accounts, funeral requests, etc...:

### CONSENT

I have filled out this form and consent to have the Livermore Police Officer's Association properly store this document.

Name of Member:

Signature:  Date: