CPD Peer Support Unit Serious Injury/Line of Death Form

Any information provided within this form will be used in the event of serious injury/death in the line of duty. This form will ***ONLY*** be used to assist your brother and sister officers in honoring your wishes and is not intended to be used as a legal document/will. In addition, it may express your intent to NOT have any type of police-oriented service, if you so desire. Please note, all this information is voluntary, and you may include as much or as little as you wish. Once completed, we would like officers to submit this form to the CPD Property Unit in a sealed envelope. The form will be stored in a locked safe in the Property Unit and can only be accessed by a Peer Support Coordinator. If this form requires any update or change, please contact a Peer Support Coordinator for assistance. If you feel comfortable you can also leave a copy of the form with a coworker/friend. On the day of your retirement, shred it!

Name:

First Middle Last

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_

Your home phone number: (\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information**

Spouse/Significant Other Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Telephone

If different than above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer,

Work address and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and dates of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

of your children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

If you are divorced, do you want a police representative to contact your ex-spouse? If so, please provide information about your ex-spouse.

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

Name Address Phone Relationship

**Notifications:**

I would like the following individual(s) to make notification to my family:

Please list the persons you would like to be contacted by a police representative in the event of serious injury or death in the line-of-duty. Begin with the first person you would like to have notified in descending order.

Name Address Phone Relationship

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 Cambridge Police Officer, please include telephone number.

Is 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.

**Funeral Services:**

Please list preferences you may have regarding funeral arrangements:

Funeral Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church or Synagogue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cemetery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Veteran of the U.S. Armed Services? ( )yes ( )No

Do you wish to have a military funeral, if entitled by the Department of

Veterans Affairs? ( )yes ( )No

Do you wish to have a Law Enforcement Funeral? ( )yes ( )No

I wish to be wearing (circle one): Class A Uniform, Military, Suit or Other\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, do you have any special instructions (cremation, interment or entombment)?

Does the Cambridge Police Department have your permission to honor your service to the city in a manner they deem appropriate? (This may include honor guard service, officer march to cemetery; service in a large venue to accommodate fellow brother and sisters from outside agencies and/or government representatives i.e., Town Selectmen, state Governor, and or state representatives). ( ) Yes ( ) No

If YES please list any additional guidance (i.e., social media release, press release, etc.):

Is there any particular aspect of a law enforcement service you do NOT wish to have? (For example, bagpipes are commonly played at public service funerals, but some may wish not to have them).

Is there any particular aspect of a law enforcement service you DO wish to have? (For example, elected officials commonly attend funerals for police and fire fighters who give the ultimate sacrifice. Some people may want to ensure certain officials are included and invited or conversely not included or invited).

Please list memberships in other law enforcement, religious, or community organizations (i.e., Rotary; Freemasons; Elks etc.) that you want included in your service:

Are there any other special requests or directions not included in this form you would like followed upon your death?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_