

CONFIDENTIAL

Line-of-Duty Death Information

This information 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 as the data will be extremely helpful to your family and the U.S. Fish and Wildlife Service in fulfilling your wishes.

AGENT/OFFICER INFORMATION

Full Name _____

Address _____

City _____ State: _____

Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

FAMILY INFORMATION

Spouse's Name _____

Address and telephone
(If different from above) _____

Spouse's employer _____

Work address _____

City _____ State: _____

Zip Code _____

Work Phone _____

Cell Phone _____

Names and dates of birth of your children _____ **DOB:** _____
_____ **DOB:** _____
_____ **DOB:** _____
_____ **DOB:** _____
_____ **DOB:** _____
_____ **DOB:** _____

If you are divorced, please provide information about your ex-spouse.

Ex-spouse Name _____

Address _____

City _____ State: _____

Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Do you want a Fish and Wildlife Service representative to contact your ex-spouse?

yes no

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

Name **Address** **Phone Numbers** **Relationship**

NOTIFICATIONS

Please list the people you would like contacted in case of serious injury or death in the line of duty. Begin with the first person you would like notified.

Name **Address** **Phone Numbers** **Relationship**

When death/serious injury notification is made to your immediate family, is there anyone you would like to have accompany the notifying official? If you would like someone other than a Fish and Wildlife Service Agent/Officer, please list their address and telephone number.

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

Name Address Phone Numbers Relationship

ADDITIONAL INFORMATION

Please list any 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

If you are entitled to a military funeral as determined by the Department of Veterans Affairs,
do you wish to have one? yes no

Do you wish to have a law enforcement funeral? yes no

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

Do you have a living will? yes no

Do you have a will? yes no

If yes, where are they located? _____

Please list any insurance policies you may have.

Company

Policy#

Location of Policy

Are there any special requests or directions you would like followed upon your death? Feel free to provide any further information you feel would be helpful as the Service assists your family.

Signature _____ **Date** _____