

Line-of-Duty Death Information Form Fire Fighters in Canada



International Association of Fire Fighters
Division of Occupational Health & Safety and Medicine

Division of Occupational Health, Safety and Medicine
Canada -- Line-of-Duty Death Information Form

Deceased:

Date Received Time Received

Local # District VP

Rank

Age IAFF Membership Number

Date of Death Cause of Death

Next of Kin (relationship)

Address

Telephone

Children Age

Local Union Official

Union Official Title

Union Local Number

Address

Telephone

Provincial Premier

Address

Fire Chief

Fire Department City

Address

Telephone

Municipal Official

Address

Telephone

Member of Parliament

Address

MLA/MPP

Address

Funeral Home

Date(s) of Wake Time

Funeral Date Time

Funeral Address

Telephone

Please immediately provide a picture and a brief biographical sketch (family, hobbies, fire service/ union details) of the fallen fire fighter which will be placed on the IAFF website and used during the IAFF Fallen Fire Fighter Memorial and during the IAFF Convention. It is preferred that the picture and bio be in electronic format and e-mailed to laaron@iaff.org. If not available electronically, send the picture and bio to the IAFF Division of Health, Safety and Medicine, 1750 New York Avenue, NW, Washington, DC 2006. Please provide an address for the picture to be returned.

**FAX this Form, as soon as possible to:
 IAFF Department of Occupational Health and Safety
 202-737-8418**