

Line-of-Duty Death Information Form Fire Fighters in the United States



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

Division of Occupational Health, Safety and Medicine
United States -- 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

PSOB Contact

Union Local #

Address

Telephone

Governor

Address

Fire Chief

Fire Department City

Address

Telephone

Municipal Official
(including title)

Address

Telephone

U.S. Senator

Address

U.S. Senator

Address

U.S. Congressman

Address

Funeral Home
(including address)

Date(s) of Wake

Time

Funeral Date

Time

Funeral Address
(including name)

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**