



CANADIAN POLICE AND PEACE OFFICERS NATIONAL MEMORIAL APPLICATION

Please provide the following required information and submit with a recent photograph of the officer.

Police officers, send to: CACP at 582 Somerset Street West Ottawa, Ontario K1R 5K2

Peace officers, send to: Canadian Peace Officer's Memorial Association at P.O. Box 56071, 407 Laurier Ave. W. Ottawa, Ontario K1R 7Z1.

The Chief of Police or Director of the Organization must sign all applications.

Deadline for submissions: August 1st. Files received after these dates will be honoured the following year.

1. Full Name: _____

2. Name to be recorded on Memorial: _____

3a. Date of Birth: _____ Day Month Year b. Date of Death: _____ Day Month Year

4. Rank: _____

5a. Date Appointed: _____ Day Month Year b. Years of Official Service: _____

6. Next(s) of Kin:
Name: _____ Name: _____
Address: _____ Address: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____
Email: _____ Email: _____

7. Police or Peace Service on date of death: _____

8a. Submitting Service: _____

b. Address: _____

c. Name of Contact Person (include telephone, email, address etc...) _____

9. Full details of incident causing death: _____

10. Photograph: Attached

Name of Chief or Director (please print)

Signature of Chief or Director

Date

FOR INTERNAL USE ONLY

Application received: _____ Approved: YES NO If no, reason: _____

Approved by: _____
(Signature) (Title) (Date)

