



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE
PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM
WASHINGTON, D.C. 20531
CLAIM FOR DEATH BENEFITS

FOR DOJ USE ONLY

CASE # _____

DATE RECEIVED _____

This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796), and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a claimant for the payment of benefits and the information may be disclosed to Federal, State and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is mandatory. Failure to supply all of the requested information may result in a delay in processing this form and receipt of benefits. **PLEASE PRINT PLAINLY OR TYPE**

1. NAME OF OFFICER (*Last, First, Middle*) 2. SOCIAL SECURITY NO. 3. DATE OF INJURY 4. DATE OF DEATH

5. NAME AND ADDRESS OF PUBLIC SAFETY AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (*Include zip code*)

INSTRUCTIONS: A claim should be filed when an eligible public safety officer (police, parole, firefighter, judicial officer or rescue squad or ambulance crew member, paid or volunteer) has died of a traumatic injury sustained in the line of duty. **WHO SHOULD FILE:** (1) Surviving Spouse (Complete Part I) (2) Child or Children of the Officer (Complete Part II) and (3) Parent or Parents of the Officer (Complete Part III). All claimants must complete Part IV. Where documentation is required, a properly certified copy of the record will suffice.

**PART I
INFORMATION
ON SURVIVING
SPOUSE**

When at the time of the officer's death the officer was survived by a husband or wife, this part should be completed. If there are children of the officer, regardless of age or dependency, this part must be completed. (Attach certified copies of marriage certificates, all divorce decrees (including custody agreements), or separation agreements as applicable to marital relationship with the officer and certified copies of children's birth certificates.)

6. Name (*Last, First, Middle*) 7. SOCIAL SECURITY NO.

8. MAILING ADDRESS (*Include zip code*)

9. MARITAL STATUS AT TIME OF OFFICER'S DEATH
 MARRIED SEPARATED
 DIVORCED OTHER
 SINGLE

10. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER WAS MARRIED AT ANY TIME TO ANYONE ELSE?
 YES NO UNKNOWN

11. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER'S CHILDREN FROM A PREVIOUS MARRIAGE ARE IN YOUR CARE?
 YES NO
If yes, include under Part II or explain on separate sheet and attach to this form.

Attach necessary documentation such as marriage certificates, all divorce decrees and custody agreements, or separation agreements.

12. *If answer to Item 10 is yes, submit documents to show dissolution of prior marriages, such as death certificates, divorce decrees.*

**PART II
INFORMATION
ON CHILDREN**

If the officer was survived by a natural, out of wedlock, adopted or posthumous child, or stepchild (or children) at the time of his death, this part should be completed. All surviving children should be listed regardless of their age or dependency status at the time of the officer's death. Attach a certified copy of birth certificates, adoption papers, or other evidence of parent-child relationship, as appropriate.

13. NAME (<i>Last, First, Middle</i>)	DATE OF BIRTH	ADDRESS (<i>If not residing at address shown in Item 8, above</i>)

HAS A LEGAL GUARDIAN BEEN APPOINTED FOR ANY OF THE ABOVE MENTIONED CHILDREN? YES NO (*If "yes," give name and mailing address of guardian of each child. Legal guardianship documents will be required in the event benefits will be awarded to children under guardianship.*)

GUARDIAN(S) NAME/SOCIAL SECURITY NO.	ADDRESS (<i>Include zip code</i>)	GUARDIAN FOR (<i>List Children's Names</i>)
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