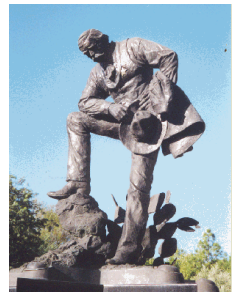




**Arizona Peace Officers Memorial**  
State of Arizona Memorial Board - Capitol - Wesley Bolin Plaza



**SUBMISSION FORM**

Request to have the Names Committee of the Arizona Peace Officers Memorial Board review the name of an officer that may be eligible for placement on the State Memorial in Phoenix.

**INFORMATION**

Officer's Name \_\_\_\_\_ ID # \_\_\_\_\_

Department \_\_\_\_\_

Date of injury \_\_\_\_\_ End of Watch (EOW ) Date \_\_\_\_\_

Was the officer on duty at the time of the incident? ☐ Yes ☐ No

Was the officer in uniform at the time of the incident? ☐ Yes ☐ No

Was the officer en route to work/home at the time of the incident? ☐ Yes ☐ No

Does the Department recognize this loss as a line-of-duty death? ☐ Yes ☐ No

Officer's total number of years of service in law enforcement \_\_\_\_\_

**Cause of Death**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is your connection to the officer, department, or family?**

\_\_\_\_\_  
\_\_\_\_\_

**Name of the person or group making this request**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Attach any additional information to this cover page and send request to:**

**Arizona Peace Officers Memorial Board  
2005 N. Central Ave.  
Phoenix, AZ 85004**