MEMORIAL CORRECTION FORM

INFORMATION

Officer’s Name as it currently appears on Memorial ____________________________
Officer’s Year of Death as it appears on the Memorial ____________________________
Department ________________________________________________________________

Corrected Name _____________________________________________________________
Corrected Year of Death _______________________________________________________

If you are requesting that a name other than the officer’s legal name be put on the Memorial, please provide an explanation:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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
1275 West Washington St.
Phoenix, AZ  85007

Memorial Correction Form  SHM 2007