

**Accomack County Dept. of Public Safety
Line of Duty Death Information**

Name: Date:

Address: DOB:

Do you wish to have a fire service funeral?

List the Department member(s) you would like to accompany the notification team to make proper notification:

Spouse DOB:

Child DOB:

Child DOB:

Child DOB:

Child DOB:

Child DOB:

If you have said "No" above, please skip to the signature & date.
If you have said "Yes" above, please fill out the remainder of this form.

Religion Phone

Church Address

City State Zip Do you want them notified?

Do you have a will? If yes, location of your will

Masonic Rights:

Are you a Mason? Do you wish to have Masonic Rights at your funeral?

Lodge # Lodge Location Telephone #

Funeral Arrangements:

Do you have a funeral home preference? If so, funeral home name:

Address City Zip

Telephone # Have you previously purchased cemetery plots?

If yes, name of cemetery?

Address City Zip

Active Pall Bearers:

Honorary Pall Bearers:

Apparatus to be used as hearse:

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Special Hymns:

Special Songs:
(Title & Artists)

Do you want to be buried in your dress uniform?

Please list any special requests that you may have:

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Printed Name

Signature

Date

*It is very important that you have a will. This document does not replace your will.
It is intended to share your wishes with the Department in the unfortunate event of a line of duty death.*