



*Serving firefighters, their families  
and their communities*

## APPLICATION FOR SUBMISSION OF NAME TO MEMORIAL WALL

### **PREAMBLE**

In the heart of Sacramento's Capitol Park stands a tribute – one that immortalizes the extraordinary commitment and uncommon courage of the men and women in the fire service. Built of bronze and limestone, the California Firefighters Memorial honors the spirit of those who put their lives on the line each day.

After ten years in the making, the Memorial was formally unveiled on April 6, 2002 and the names of some 800 fallen firefighters were etched into the Memorial Wall. Since then, state elected officials and other dignitaries as well as hundreds of family members of fallen firefighters have traveled to Capitol Park to honor their lost loved ones. In a solemn ceremony each year, additional fallen firefighter names are added to the Memorial Wall.

In the interest of preserving the supreme sacrifices, honor and integrity made by California's bravest, criteria was developed for the Memorial Wall.

### **TO QUALIFY FOR INCLUSION ON THE MEMORIAL WALL, THE DEATH OF A FIREFIGHTER MUST MEET THE TERMS OF ONE OR MORE OF THE FOLLOWING CRITERIA:**

- Any death of a firefighter (past or present) due to traumatic injury or injuries which occurred on the job or as a result of the job.
- Any death of a firefighter where the family of the deceased qualifies for a line-or-duty death benefit under the regulations of the U.S. Public Safety Officers' Benefit Program.
- Any death of a firefighter where the family of the deceased qualifies for a line-of-duty death benefit under California's Workers' Compensation regulations.
- Any death of a firefighter which does not fall under the above stated criteria may be submitted by application to have the unique circumstances of the death reviewed further for consideration. This evaluation/ appeal process will be reviewed by the California Fire Foundation Board of Directors and they shall make the final determination as to qualification.

### **APPLICATION PROCESS**

Applications must be completed (sponsored) by a recognized firefighters' association or union representative, or fire department administration representative. This representative will serve as point of contact with the family members through the submission process. If you are a family member and are unsure of who to contact to serve as a sponsor for your application, please call the California Fire Foundation at 1.800.890.3213. They will provide you with assistance.

*\* Prior to submitting this application, please ensure that you have conferred with the 'next of kin' you have listed on the application, and have verified that they would like to be contacted by the Foundation and are interested in attending the Memorial Ceremony. Additionally, please provide the California Fire Foundation with the most current, appropriate next of kin contact information.*

**Please fill out the back page and return to: California Fire Foundation  
1780 Creekside Oaks Drive • Sacramento, CA 95833  
Tel: 916-641-1707 • Fax: 916-921-1106 • email: [cafoundation@cpf.org](mailto:cafoundation@cpf.org)**

### FALLEN FIREFIGHTER INFORMATION

Date: \_\_\_\_\_

Name of fallen firefighter: \_\_\_\_\_  
First Middle Last

Rank: \_\_\_\_\_ Status: \_\_\_\_\_  
(career, volunteer, contract, other)

Sex:  Male  Female Date of death: Department (use dept. name at time of death): \_\_\_\_\_

Description of incident/cause of death: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Illness Diagnosis if death of firefighter was due to an illness, which was confirmed to have been job-related  
(e.g. cancer, heart disease, etc.): \_\_\_\_\_

Does this fallen firefighter have any family already honored on the Memorial Wall?  Yes  No

If yes, please state name: \_\_\_\_\_

### CONTACT INFORMATION

Name of firefighter representative filling out this for: \_\_\_\_\_

Fire Department/Local Union: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to fallen firefighter: \_\_\_\_\_ None: \_\_\_\_\_

List the best ways to contact you:

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
City State Zip

Signature: \_\_\_\_\_

### NEXT OF KIN INFORMATION

Name: (Mr. Mrs. Ms.) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_