



*Serving firefighters, their families  
and their communities*

## **APPLICATION FOR LINE-OF-DUTY DEATH BENEFITS**

When a firefighter falls in the line of duty, it is a jarring experience for the colleagues and the families they leave behind. The California Fire Foundation understands the complex emotions and stressors that follow such a tragedy. To assist departments and families in their time of need, the CFF offers the following benefits to the families of California firefighters who die in the line-of-duty:

- \$5,000 Award from the California Firefighters Benevolent Fund payable to the Firefighter's next of kin
- Honoring the fallen firefighter at the Annual California Firefighters Memorial Ceremony the year following their death
- Cal-LAST Assistance. Cal-LAST provides departments with a team of skilled fire service individuals who can assist with every aspect of a line-of-duty death—from planning a memorial to grief counseling for families
- CPF Pipes and Drums performance at memorial service
- No-cost program printing for funeral through Firefighters Print & Design
- LODD Announcement email and post on [cafirefoundation.org](http://cafirefoundation.org)

## **APPLICATION PROCESS**

To be approved for the benefits listed above, the Employing Agency must complete and return the completed application along with one of the following documents:

*To verify eligibility for benefits*

1. A letter from the Fire Chief ([template here](#)) stating that the death was job-related

**—OR—**

2. Proof of workers' compensation (or other documentation) that this was a Line of Duty occupational death.

**AND**

3. A high-resolution, head shot photo of the firefighter

To request benefits related to the funeral/memorial service for the fallen firefighter please reach out as soon as possible.

Please fill out the following pages and return via email to [\*\*cafirefoundation@cpf.org\*\*](mailto:cafirefoundation@cpf.org)

If you're a family member and unsure of who to contact to serve as a sponsor for your application, please call the California Fire Foundation at **1.800.890.3123** for assistance.



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## FALLEN FIREFIGHTER INFORMATION

**Date of Application:** \_\_\_\_\_

**Name of Fallen Firefighter** (as it should appear on the Memorial Wall).

*The Foundation is unable to list full middle names due to space limitations. A middle initial can be included if desired.*

\_\_\_\_\_  
First Name Middle Initial Last Name

Phonetic pronunciation of name: \_\_\_\_\_ **Rank/Title:** \_\_\_\_\_

**Status:**  Active  Retired (date of retirement if checked) \_\_\_\_\_  Volunteer

**Department** (at time of death or retirement): \_\_\_\_\_ **Local:** \_\_\_\_\_

**Date of hire:** \_\_\_\_\_ **Sex:**  Male  Female  Other

**Date of death:** \_\_\_\_\_ **Cause of death:** \_\_\_\_\_

**Date of diagnosis** (if applicable): \_\_\_\_\_

**Date of funeral or memorial service:** \_\_\_\_\_

**Location of funeral or memorial service:** \_\_\_\_\_

If submitting this application for funeral related benefits, please indicate below which you are requesting:

- Cal-LAST Assistance**
- CPF Pipes & Drums at service**
- Design and printing of funeral programs through Firefighters Print & Design**
- LODD Announcement email and post on [cafirefoundation.org](http://cafirefoundation.org)**

**Biography** – Should be submitted in a bullet point layout with the following information:

- One sentence about what got them interested in firefighting or highlighting their fire service career
- One sentence detailing any commendations and/or indicating if they were members of any special teams
- One sentence about personal interests or hobbies

**Does firefighter have any family already on the California Firefighters Memorial Wall?**

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

## LEADERSHIP INFORMATION

The contacts listed below will also receive information about the Annual Memorial Ceremony where the firefighter will be honored if they are deemed eligible for inclusion on the Memorial Wall. They will also be contacted in the event CFF staff needs assistance coordinating benefits to the surviving family.



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### EMPLOYING AGENCY INFORMATION

**Fire Chief Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

### UNION PRESIDENT OR ASSOCIATION OFFICER NAME

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

### ADDITIONAL ADMINISTRATIVE CONTACT FOR MEMORIAL CEREMONY INFORMATION:

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

## FAMILY CONTACT INFORMATION

Please provide complete and accurate contact information for the Firefighter's Next of Kin when submitting the application.

### FIREFIGHTER'S NEXT OF KIN INFORMATION:

**Name:** \_\_\_\_\_ **Relationship to Firefighter:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

### CHILD(REN) INFORMATION

**Child name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Caregiver:** \_\_\_\_\_  
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### OTHER FAMILY CONTACTS WHO WOULD LIKE TO RECEIVE INFORMATION ABOUT THE ANNUAL MEMORIAL CEREMONY :

**Name:** \_\_\_\_\_ **Relationship to Firefighter:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Firefighter:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

**Please briefly note any special family circumstances:** \_\_\_\_\_  
\_\_\_\_\_