



CLEVELAND DIVISION OF POLICE DEATH AND FUNERAL NOTICE



Authority of _____ Date _____

(Rank, Name and Badge of Deceased) (Assignment or Retired) (Address - City, State & Zip Code)

Expired _____
(Hours) (Day) (Date) (Where)

Next of Kin contacted _____ By: _____
(Name) (Phone Number) (Address - City, State & Zip Code) (Supervisor)

Body may be viewed at _____
(Funeral Home) (Address - City, State & Zip Code)

Between the hours of _____ hours & _____ hours Day _____ Date _____
_____ hours & _____ hours Day _____ Date _____

Services _____
(Church or Funeral Home) (Address - City, State & Zip Code)

Time _____ hours Day _____ Date _____

Interment _____
(Cemetery) (Address - City, State & Zip Code)

Date of Birth _____ Date of Appointment _____ Date of Retirement _____

Last Assignment _____

Names of fraternal affiliations _____

Record File Section notified? Yes No Who was notified? _____

Picture to be released? Yes No (Rank, Name and Badge)

Police Honor Guard and Pall Bearers requested? Yes No

Funeral with honors requested? Yes No

Remarks: _____

FUNERAL ESCORT NOTICE

Authority:
Commanding Officers:
Kindly notify the members of the regular funeral escort to report to _____
(01C)

at _____ hours on _____ at the _____
(Date) (Church or Funeral Home)

_____ to conduct services for the late _____
(Address - City, State & Zip Code) (Name and Rank)