



CLEVELAND DIVISION OF POLICE FAMILY DEATH NOTICE



_____ of
Name of Deceased , Relationship

_____, presently assigned to _____
Name of Member of Division District or Unit

Expired on _____
Date and Time

Body may be viewed at _____
Funeral Home

Street Address City State Zip code

Between the hours of _____
Dates and Times

Dates and Times

Dates and Times

Services to be held at _____
Church or Funeral Home

Street Address City State Zip code

On _____ at _____ Interment will be at
Date Time

Church or Funeral Home

Street Address City State Zip code

Supervisor Completing Form Date Time

DISSEMINATE THROUGHOUT THE DIVISION.

PRIVATE, FAMILY ONLY, DO NOT DISSEMINATE.

FORM TO BE RETAINED WITH PAYROLL TIMEKEEPING RECORDS