



PRINT NAME OF FALLEN: \_\_\_\_\_

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## Submission Procedures of a Firefighter Death for Consideration of Inclusion on the New York State Fallen Firefighters Memorial

### Documentation Requirements

Prior to being considered for inclusion to the New York State Fallen Firefighters Memorial, the following written documentation must be filed with the New York State Office of Fire Prevention and Control.

### Required Fallen Firefighter Information

- Fallen firefighter's name
- Status (career, volunteer, paid on call, etc.)
- Age
- Date of incident
- Date of death and, if known, date of funeral
- Detailed official description of the incident, circumstances and occurrences that contributed to the death and cause of death. Provide known facts and do not speculate.

### Department Information

- Name of Chief/Manager or Contact person
- Name of Department/Agency
- Address of Department/Agency
- Department Phone and Fax numbers
- E-mail address (if available)

### Death Benefit Award Information (if award was received)

- Verification by the NYS Workers Compensation Board, FDNY Pension Unit or the US Dept. of Justice that such death was a line of duty death and appropriate death benefits have been awarded (if awarded)

### Required Surviving Family Member or Representative Information

- Name
- Relationship
- Address
- Phone number

### If available, additional documentation may include but is not limited to:

- Death certificates
- Police reports
- Coroner or medical examiner reports
- Newspaper articles
- Sworn statements or affidavits submitted by persons having firsthand knowledge or pertinent facts and circumstances
- Historical records
- Or, other supporting written documentation

### Submit Documentation/Direct Questions to:

The NYS Fallen FF Memorial  
c/o NYS Office of Fire Prevention and Control  
State Office Campus  
1220 Washington Avenue • Building 7A, 2nd Floor  
Albany, NY 12226

phone: (518) 474-6746 • fax: (518) 474-3240 • e-mail: [Daniel.Baker@dhses.ny.gov](mailto:Daniel.Baker@dhses.ny.gov)  
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