



Canadian Firefighters Memorial

Ceremony & Recognition Application

Instructions: *Application must be completed in full prior to being submitted. Incomplete applications will not be processed. Please ensure to include copies of any validating information including letters and newspaper articles at the same time the application is submitted. In the case of death by a recognized "Work Related Illness", a copy of the Worksafe / WCB / WSIB claim acceptance letter or letter from the Fire Department / City or Town verifying the claim has been accepted **must be included** with the application.*

Box 1 – Firefighter Information

| | | | |
|--|---|---|-----------------------------------|
| Name of Deceased: _____ | Rank: _____ | | |
| City of Residence: _____ | Prov: _____ | | |
| Date of Death (mm/dd/year): _____ | Date of Birth: _____ | Age: _____ | |
| Date Joined Fire Service: _____ | Date of Funeral: _____ | | |
| Cemetery (if applicable): _____ | | | |
| Type (check one): Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> | Volunteer <input type="checkbox"/> | Seasonal <input type="checkbox"/> |
| Status (check one): Active <input type="checkbox"/> | Retired <input type="checkbox"/> | Date Retired if applicable _____ | |
| Category (check one): Municipal <input type="checkbox"/> | Wildland <input type="checkbox"/> | Industrial/private <input type="checkbox"/> | Military <input type="checkbox"/> |
| | Federal Civilian <input type="checkbox"/> | Other _____ | |
| Station # or Area: _____ | | | |

Box 2 – Department / Employer Information

| | | |
|-----------------------------------|------------------|--------------------|
| Department / Employer Name: _____ | | |
| Address: _____ | | |
| City: _____ | Prov: _____ | Postal Code: _____ |
| Employer Contact: _____ | Telephone: _____ | |

Box 3 – Firefighter’s Association (if applicable)

Association Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Association Contact: _____ Telephone: _____

Contact E-Mail: _____

Box 4 – Firefighter’s Next of Kin (for contact purposes)

Name: _____ Relationship: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ E-Mail: _____

Box 5 – Details Surrounding Death

Location of Death – City: _____ Prov: _____

Cause of Death (check those that apply): Injuries Sustained at an Incident

Responding to Incident Returning from Incident Incident Date: _____

Incident Details: _____

Training Accident Work Related Accident Work Related Illness*

(* IF WORK RELATED ILLNESS CHECKED, YOU MUST COMPLETE THE CLAIM DETAILS SECTION. VERIFICATION MUST BE SUBMITTED WITH THE APPLICATION.)

Worksafe / WCB / WSIB / CSST / Veterans Affairs Canada (VAC) Claim Details:

Claim Number _____ Date Claim Approved: _____

Exact Name of Approved Illness: _____

Box 6 – LODD Recognition

List all organizations/government bodies, etc, that have recognized this as a line of duty death. (attach copies of documentation, letters, newspaper articles, etc, for verification):

Box 7 – Application Submitted By

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Organization (if applicable): _____

Telephone: _____ E-Mail: _____

Signature: _____ Date: _____

A false claim will result in the line of duty death status being revoked and the name struck from the roll of honour. Please see the inclusion criteria on the website at www.cfff.ca for information on LODD eligibility.

Mail completed application along with all copies of validating information to:

Canadian Fallen Firefighters Foundation
Suite 200 - 440 Laurier Ave. West
Ottawa, ON
K1R 7X6

Application Version 3-0114 (3 pages)