



CANADIAN FALLEN FIREFIGHTERS FOUNDATION

Firefighter Line of Duty Death Application for CFFF Recognition

Firefighter Information: *(Please print neatly. Form must be complete or it will be returned)*

Name of Deceased _____ Date of death _____

City/Town _____ Prov. _____ Rank _____ Date of birth _____

Date joined fire service _____ Date of Funeral _____ Cemetery _____

Age _____

Status:

- Full time
- Part time
- Volunteer

Type:

- Active
- Retired -Retirement date _____ (See defin. #8)
- Municipal
- Wildland
- Industrial/private
- Military/federal
- Other _____

Station or area:

Employer _____ City _____ Prov. _____

Address _____ PostalCode _____

Employer contact _____

Firefighters Association (if applicable) _____

Address _____

Assn. contact _____ Phone _____ Email _____

Next of kin: (for contact purposes)

Name _____ Relationship _____

Address _____

City _____ Prov _____ PostCode _____

Phone _____ E mail _____

Death Details:

Location of death _____ City _____ Prov. _____

Cause of death:

- | | |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Responding to incident | <input type="checkbox"/> Training accident |
| <input type="checkbox"/> At scene of incident | <input type="checkbox"/> Work related accident |
| <input type="checkbox"/> Returning from incident | <input type="checkbox"/> Work related illness (WCB/WSIB) – <i>if selected, you must complete in full the WCB/WSIB details section below</i> |
| | <input type="checkbox"/> Other (see below) |

Details surrounding death: (attach copies of newspaper articles or documents if available)

WCB/WSIB Claim Details – (If Work Related Illness is selected, this section must be completed in full before the application can be processed.)

WCB/WSIB Claim Number _____ Date WCB/WSIB Claim Accepted _____

Exact Name Of Approved Illness (Be specific – if cancer related, you must indicate the specific cancer as approved on the WCB/WSIB Claim)

Other Recognition:

List all organizations/government bodies that have recognized this as a line of duty death. (attach copies)

Application submitted by:

Name _____ Phone _____

Address _____ Prov. _____ PostCode _____

Organization _____ 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.cff.ca

Please mail the completed form to:

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

Thank you for helping to honour those firefighters killed in the line of duty in Canada.