



# 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):

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**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](http://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)