

TEXAS COMMISSION ON LAW ENFORCEMENT

REQUEST FOR TEXAS FLAG

Complete and submit to recognitions@tcole.texas.gov

DECEASED OFFICER'S INFORMATION

First Name	Middle Na	me	Last Name	Suffix
PID	Full Name			
Date of Death	Line of Dut			
	☐ YES	5 🗆	NO	
At time of death this persor	n was a(n):			
		Current Peace Offi	cer \square	Honorably Retired Peace Officer
Last Agency		9	Service Start Date	Service End Date
		Survivor's In	NFORMATION	<u> </u>
Name				
Address				
City	State		Zip	Phone
Relation to Deceased				
	F	REQUESTOR'S In	NEORMATION	
	•	Legozoromon		
		IF DIFFERENT FRO	OM SURVIVOR	
Requestor				
Address				
City	State	Zip	Email	
2 .: ((12	l l	5 . (5 .		
Requesting for afuneral?		Date of Funeral	Funeral Home Co	ntact Name and Phone Number
Requesting for a funeral? ☐ Yes ☐ No		Date of Funeral	Funeral Home Co	ntact Name and Phone Number
-		Date of Funeral	Funeral Home Co	ntact Name and Phone Number
☐ Yes ☐ No		Date of Funeral	Funeral Home Co	ntact Name and Phone Number
☐ Yes ☐ No		Date of Funeral	Funeral Home Co	ntact Name and Phone Number
☐ Yes ☐ No		Date of Funeral SHIPPING NFO		ntact Name and Phone Number
☐ Yes ☐ No			RMATION	ntact Name and Phone Number