



TEXAS COMMISSION ON LAW ENFORCEMENT

Texas Peace Officers' Memorial Monument Nomination

Commission Rule §229.3

NOMINEE'S INFORMATION

First Name	Middle Name	Last Name	Suffix
Rank/Title	PID	Date of Death	
Last Agency			
Was officer on duty at the time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Cause of death was <input type="checkbox"/> Felonious Assault <input type="checkbox"/> Accidental Situation <input type="checkbox"/> Medical Event			

NOMINATOR'S INFORMATION

Name of Primary Contact	Position/Title	PID (if applicable)	
Department/Association/Organization	Chief Administrator's Name (if not primary contact)		
Phone	Email		
Address	City	State	Zip
Name of Primary Survivor/ Family Contact	Phone	Email	

ATTACHED SUPPORTING DOCUMENTATION

<input type="checkbox"/> Incident Report <input type="checkbox"/> Autopsy Report <input type="checkbox"/> Witness Statements <input type="checkbox"/> Affidavit <input type="checkbox"/> News Articles <input type="checkbox"/> Death Certificate <input type="checkbox"/> Other
