**APPLICATION FOR INCLUSION-CANCER**

Florida Fallen Firefighter Memorial

**Submitted and attested to the best of your knowledge by:**

Name and Rank: Click or tap here to enter text. (If other than Chief) Fire Chief: Click or tap here to enter text.

Department: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

**Firefighter Info:** Full Name: Click or tap here to enter text.

Department: Click or tap here to enter text.

Rank: Click or tap here to enter text.

Dates of Employment Click or tap here to enter text.

Cancer Type: Choose an item.

Date of Death: Click or tap here to enter text.

Age: Click or tap here to enter text.

Did the firefighter work a minimum of five years? Yes  No

Were there any (s. 112.1816, F.S.) Line of Duty Death Benefits issued? Yes  No

(Career Firefighter Only)

**Please check that you have attached the following:**

Death Certificate

Cancer diagnosis documentation

Completed Employer HIPPA form

Post retirement fire service employment, if checked, please provide documentation

**Family Contact Information: (for invitation and informational purposes only)**

Name: Click or tap here to enter text. Relationship to Firefighter: Click or tap here to enter text.

Address: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

(Additional family member information may be attached.)

**Reviewed by: Fire Chief Signature (Print) Fire Chief Name Date**

**Please send all forms and documentation to:** [LODDApplication@MyFloridaCFO.com](mailto:LODDApplication@MyFloridaCFO.com)