



Send completed form to:

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NC Office of State Fire Marshal

1202 Mail Service Center

Raleigh, NC 27699-1202

Phone 1-800-634-7854

Fax 919-715-0063

## Line of Duty Death – Initial Notification

Please complete as much as you can.

This form can be emailed (preferred), mailed or faxed to NC Office of State Fire Marshal.

### Deceased Information

Name:	Home Phone:	Home Address:
Gender:	Race:	
Date of Birth:		

### Incident Information

Date of Death:	Approx. Time:	Location:
Brief Description of Incident:		

### Department Information

Fire Dept/Rescue Squad:	Chief/Captain:
FD/RS Address:	
Contact Person:	Contact Phone:
Time of Service by Deceased:	Rank of Deceased:

### Family Information

Present Spouse's Name:
Spouse Birth Date:
Children's Names (regardless of age):
Children's Date(s) of Birth:
Parents' Names (if applicable):
Parents' Date(s) of Birth:

### Funeral Information

Funeral Arrangements:
Condolences Contact: