



# Public Safety Memorial Fund

Please send completed form to:  
Dept. of Public Safety Standards and Training  
Attn: Suzy Herring  
4190 Aumsville Hwy. SE  
Salem, OR 97301  
suzy.herring@dpsst.oregon.gov  
Questions: (503) 378-2427

## Notice of Death or Disability

*(To be completed by Public Safety Officer's Employing Agency)*

ORS 243.974 requires the agency employing or utilizing a public safety officer who suffered a death or permanent, total disability notify the Public Safety Memorial Fund Board no later than three days from the death of public safety officer or from becoming aware that a public safety officer has become permanently, totally disabled as defined by ORS 656.206.

Public Safety Officer's Name: \_\_\_\_\_

DPSST #: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Date of Incident Resulting in Death/Disability: \_\_\_\_\_

Description of Incident: (Please include supporting documentation, attaching additional pages as necessary.)

NOTE: All information submitted becomes public record under ORS 192.410 and is open to public inspection unless the Public Safety Memorial Fund Board determines that the information should be kept confidential. *The Board may request additional information to make an eligibility determination.*

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Was the officer performing regular duties at the time of his/her death or disability? \_\_\_\_\_

Does the officer have a PSMF Alternate Designation of Beneficiary (M-4) on file? \_\_\_\_\_

*By signing below, I understand that all information provided will be used to determine the award of Public Safety Memorial Fund benefits. I further swear and affirm that the information contained in Section 1 of this application, including all supporting documentation and information is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Agency Contact/Liaison Signature Date

\_\_\_\_\_  
Contact Phone Number E-mail Address