



Public Safety Memorial Fund

Please send completed form to:
Dept. of Public Safety Standards and Training
Attn: Kathy McAlpine
4190 Aumsville Hwy. SE Salem, OR 97317
kathy.mcalpine@dpsst.oregon.gov
Questions: (503) 576-9422

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.*

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