



Public Safety Memorial Fund

Initial Application for Benefits

(To be completed by Beneficiary)

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

Applicant's Name: _____

Relationship to Deceased/Disabled Public Safety Officer: _____

Name of Deceased/Disabled Public Safety Officer: _____

Deceased/Disabled Public Safety Officer DPSST #: _____

Date of Incident Resulting in Death/Disability: _____

Applicant SSN*: _____ Applicant Date of Birth: _____

*Beneficiary Social Security Numbers (SSN) are required to be provided to DPSST. The authority for this requirement is USC 405(c)(2)(c)(i). Beneficiary SSN will be used for tax purposes only.

Requesting determination of the qualifying death/permanent disability and award of initial Public Safety Memorial Fund benefits? YES NO

Applicant Address: _____

Applicant Contact Phone: _____

Applicant E-mail: _____

By signing below, I swear and affirm that the information contained in this application, including all supporting documentation and information is true and correct to the best of my knowledge and belief. I understand that any and all information provided will be used by the Public Safety Memorial Fund Board (Board) to determine the award of Public Safety Memorial Fund benefits. I understand that all information submitted becomes public record under ORS 192.410 and is open to public inspection unless the Board determines that the information should be kept confidential. I understand that the Board may request additional information in order to make an eligibility determination.

Applicant Signature

Date