



CAL FIRE LOCAL 2881

FALLEN FIREFIGHTER CHECKLIST



DEPT INC# _____

INITIAL CONF CALL: _____

HG INC# _____

EMPLOYEE INFO	NAME: _____	DOB: _____
	UNIT: _____ CLASSIFICATION: _____	DOD: _____
	ON DUTY: _____ OFF DUTY: _____ LAST DUTY DAY: _____	FUNERAL TYPE: _____
SUMMARY OF DEATH		

IMMEDIATE FAMILY INFO	NAME: _____	RELATION: _____
	ADDRESS: _____	HM PHONE: _____
	MAILING: _____	CELL PHONE: _____
	EMAIL ADDRESS: _____	
	FAMILY CONTACT: _____	PHONE: _____

NOTIFICATIONS		PRESIDENT	DISTRICT VP	CHAPTER DIRECTOR	MEMBERSHIP COORDINATOR	UNIT DUTY	
	(EMAIL OR PHONE)						

CDFF REPS	FAMILY LIASION: _____	PHONE: _____
	OPERATIONS SEC. CHIEF: _____	PHONE: _____
	HONOR GUARD REP: _____	PHONE: _____
	AGENCY ADMIN: _____	PHONE: _____

PRESUMPTION	PRESUMPTIVE STATUS			APPROVAL			
	YES	NO	PENDING	SCIF	DEPARTMENT		
AUTHORIZATION TO REPRESENT FAMILY						YES	NO

MEMBERSHIP COORDINATOR USE	MEMBER			OTHER		
	ACTIVE MEMBER	ACTIVE RETIREE	RETIREE	FAIR SHARE	CAL FIRE RETIRED	OTHER
MEMBERSHIP STATUS						
BENEFICIARY:		NAME: _____			PHONE: _____	
		ADDRESS: _____				
HARRY J. WILSON: (IF MEMBER)	NOTIFIED	ACCIDENTAL DEATH	OTHER INSURANCE			