



# CANADIAN FALLEN FIREFIGHTERS MEMORIAL CEREMONY AND RECOGNITION APPLICATION

Thank you for your interest in submitting an application for the Canadian Fallen Firefighters Memorial. Before submitting the application, please review the detailed inclusion criteria which can be viewed at the following website: <http://www.cfff.ca/the-fallen/lodd-definition.html>

It is important to note that applications will only be reviewed in their entirety. Applications must be fully completed then submitted to the Canadian Fallen Firefighters Foundation. Incomplete applications will not be processed. Please submit the completed application along with all supporting documentation in one package. In the event that the supporting documentation is not yet available to you, please withhold the application until all requirements can be submitted together in one package.

To assist you in completing the application and to help ensure that all required components have been completed, please adhere to and complete the checklist below.

## APPLICATION CHECKLIST:

Application component	Description	Mandatory or optional?	Included	Number of Pages
<b>1. Official verification that the death has deemed a line of duty death (LODD)</b>	(a) Claim acceptance letter from the workers compensation board (e.g., WSIB / WCB / Worksafe / CSST / VAC) or other authority	Mandatory; One of either 1(a) or 1(b)	<input type="checkbox"/>	
	(b) Acceptance letter from the federal government Public Safety Officer Compensation (PSOC) benefit	Mandatory; One of either 1(a) or 1(b)	<input type="checkbox"/>	
<b>2. Canadian Fallen Firefighters Memorial application form</b>	Completed Canadian Fallen Firefighters Memorial application form	Mandatory	<input type="checkbox"/>	
<b>3. Supporting documentation (please list if applicable)</b>	(a)	Optional	<input type="checkbox"/>	
	(b)	Optional	<input type="checkbox"/>	
	(c)	Optional	<input type="checkbox"/>	
	(d)	Optional	<input type="checkbox"/>	

Please mail completed applications to:  
Canadian Fallen Firefighters Foundation  
Suite 200 - 440 Laurier Avenue West  
Ottawa, Ontario, K1R 7X6

For questions please contact:  
Canadian Fallen Firefighters Foundation  
Telephone: (613) 786-3024  
Email: [admin@cfff.ca](mailto:admin@cfff.ca)

## 1. FIREFIGHTER INFORMATION *(mandatory)*

Name of deceased:		Date of birth:	
Date of death:		Age at death:	
Date of funeral:*		Cemetery location:*	
City of residence:		Province of residence:	
Date joined fire service:		Rank within fire service:	
Employment type:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Volunteer
	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Other:	
Employment category:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Wildland	<input type="checkbox"/> Industrial/private
	<input type="checkbox"/> Military	<input type="checkbox"/> Federal civilian	<input type="checkbox"/> Other:
Employment status:	<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Resigned / terminated
	If applicable, date of retirement, resignation or termination:		
Employment location:	Station number or area worked:		

\*If applicable and if known

## 2. DEPARTMENT / EMPLOYER INFORMATION *(mandatory)*

Department / employer name:		
Address:		
City:	Province:	Postal Code:
Employer contact person:		
Employer contact telephone:		
Employer contact email:		
Has the department Chief been informed that this application is being submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 3. FIREFIGHTER'S ASSOCIATION INFORMATION *(if applicable)*

Association name:		
Address:		
City:	Province:	Postal Code:
Association contact person:		
Association contact telephone:		
Association contact email:		

#### 4. FIREFIGHTER'S NEXT OF KIN *(mandatory; for contact purposes)*

Name:		
Relationship to firefighter:		
Address:		
City:	Province:	Postal Code:
Telephone:		
Email:		
Has the next of kin been informed that this application is being submitted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any sensitivities that we should be aware of before contacting the next of kin? If so, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 5. DETAILS SURROUNDING DEATH *(mandatory)*

Location of death:	City:	Province:
Cause of death (please check all that apply):		
	<input type="checkbox"/> Injuries sustained while responding (on site) at an incident	
	<input type="checkbox"/> Injuries sustained while travelling to/from responding to an incident	
	<input type="checkbox"/> Injuries sustained at a training incident	
	<input type="checkbox"/> Occupational illness	
	<input type="checkbox"/> Mental health	
	<input type="checkbox"/> Other:	
Incident date (if applicable):		
Incident location (if applicable):		
Exact name of occupational illness (if applicable):		
Claim number:*	Date of claim approval letter:*	
Organization that approved the claim:*		

*\*Applications must be accompanied by a copy of the claim acceptance letter from the 1) workers' compensation board or 2) Public Safety Officer Compensation (PSOC) benefit to be reviewed by the CFFF. The items in Section 5 that are marked with an asterisk are not needed if the PSOC is included.*

## 6. LINE OF DUTY DEATH (LODD) RECOGNITION *(mandatory)*

List all authorities that have recognized the above as a line of duty death (e.g., federal government Public Safety Officer Compensation PSOC benefit, WSIB, WCB, Worksafe, CSST, VAC, fire and emergency service department, city, town, etc.):

Organization name:	Supporting documentation attached:
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No

*\*Applications must be accompanied by a copy of the claim acceptance letter from the 1) workers' compensation board or 2) Public Safety Officer Compensation (PSOC) benefit to be reviewed by the CFFF.*

*\*Please list supporting documentation in Section 6 (above) and the Application Checklist (page 1)*

## 7. APPLICATION SUBMITTED BY *(mandatory)*

Name:		
Address:		
City:	Province:	Postal Code:
Telephone:		
Email:		
Signature:		Date:
_____		_____

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