

TEXAS COMMISSION ON LAW ENFORCEMENT

REQUEST FOR TEXAS FLAG

Complete and submit to recognitions@tcole.texas.gov

DECEASED OFFICER'S INFORMATION

First Name	Middle Name		Last Name		Suffix		
PID	Full Name						
Date of Death	Line of Duty Death?						
At time of death this person was a(n):							
□ Current Peace Officer □ Honorably Retired Peace Offi						ed Peace Officer	
Last Agency			Service	Service Start Date Ser		Service End Date	
SURVIVOR'S INFORMATION							
Name							
Address							
City	State		Zip		Phone		
Relation to Deceased							
REQUESTOR'S INFORMATION							
IF DIFFERENT FROM SURVIVOR							
Requestor							
Address							
City	State	Zip		Email			
Requesting for a funeral?		Date of Funera	l Fur	Funeral Home Contact Name and Phone Number			
🗆 Yes 🛛 No							
Funeral Home Address							

SHIPPING NFORMATION

we cannot ship to P.O. Boxes

Ship to:

Requestor

□ Survivor