



TEXAS COMMISSION ON LAW ENFORCEMENT

REQUEST FOR TEXAS FLAG

DECEASED OFFICER'S INFORMATION			
First Name	Middle Name	Last Name	Suffix
PID	Full Name		
Date of Death	Cause of Death		
Line of Duty Death?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Last Agency			
Service Start Date	Service End Date	At time of death this person was a(n):	
SURVIVOR'S INFORMATION			
Name			
Address		Address 2	
City	State	Zip	Phone
Relation to Deceased			
ADDITIONAL INFORMATION			
Funeral/Memorial Info			
Survivor or on their behalf		Requestor	
Requestor Address		Address 2	
City	State	Zip	Email
Verification Name		Additional Info	
SHIPPING INFORMATION			
(we cannot ship to P.O. Boxes)			
Ship to:	Survivor	Requestor	