



TEXAS COMMISSION ON LAW ENFORCEMENT

Texas Peace Officers' Memorial Monument Nomination

Commission Rule §229.3

NOMINEE'S INFORMATION

First Name	Middle Name	Last Name	Suffix
Rank/Title	PID	Date of Death	
Last Agency			
Was officer on duty at the time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Cause of death was <input type="checkbox"/> Felonious Assault <input type="checkbox"/> Accidental Situation <input type="checkbox"/> Medical Event			

NOMINATOR'S INFORMATION

Name	Position/Title	PID (if applicable)	
Address	City	State	Zip
Phone	Email		
Department/Association/Organization			

ATTACHED SUPPORTING DOCUMENTATION

<input type="checkbox"/> Incident Report	<input type="checkbox"/> Autopsy Report	<input type="checkbox"/> Witness Statements	<input type="checkbox"/> Affidavit
<input type="checkbox"/> News Articles	<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Other	