



# 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	Line of Duty Death? <input type="checkbox"/> YES <input type="checkbox"/> NO		
At time of death this person was a(n): <input type="checkbox"/> Current Peace Officer <input type="checkbox"/> Honorably Retired Peace Officer			
Last Agency	Service Start Date	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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Funeral	Funeral Home Contact Name and Phone Number
Funeral Home Address			

### SHIPPING INFORMATION

we cannot ship to P.O. Boxes

Ship to:	<input type="checkbox"/> Survivor	<input type="checkbox"/> Requestor
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