



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

SHIPPING INFORMATION

we cannot ship to P.O. Boxes

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