

TORONTO POLICE SERVICE Memorial Enrollment Form

The Toronto Police Service Memorial honours the memory of those members of the Toronto Police Service who gave their lives in the performance of duty.

Any deceased member of the Toronto Police Service who meets the eligibility criteria as set out in Memorial Wall Procedure, will have his or her name, rank, badge number and date of sacrifice engraved on the Toronto Police Service Memorial at the Toronto Police College, 70 Birmingham Street, Toronto.

DECEASED MEMBER:		
(Surname, G1)	(Rank)	(Badge No.) (Unit)
ADMINISTRATIVE USE ONLY:		
Employment Date: (YYYY/MM/DD)	Date of Death:(Y)	Years of Service:
	Honours, Awards & L	Distinctions
Next of Kin:	Relat	ionship:
Address:	e & Postal Code)	
		Fax No.:
E-mail Address:		
SUBMITTED BY:		
(Surname, G1)	(Rank, if applicable)	(Badge No., if (Unit, if applicable)
	(папк, п аррпсаыс)	applicable)
Address: (Street Name, No., City, Province)	e & Postal Code)	
Telephone No.:	Fax No.:	
E-mail Address:		
Submitting Party Signature: (Rank &	Badge No if applicable)	

PARTICULARS

Date of Incident:	(YYYY/MM/DD)	Date of Recommendation: (YYYY/MM/DD)		
Event No.:		Occurrence No.:	CIPS No.:	
On-Duty	Off-Duty	Other:		
SUMMARY OF	CIRCUMSTAN	CES:		

ATTACHMENTS
(List and append to form)

Recommendation of the Office of the Chief of Police				
☐ Approved ☐ Not Approved				
Office of the Chief of Police				
Office of the Chief of Police				
Office of the Chief of Police				
Chief's Executive				