



FIRST RESPONDER LINE-OF-DUTY DEATH CERTIFICATION

This is to certify that the first responder whose information is listed below sacrificially gave the people of Alabama the last and full measure of their service:

NAME: _____

DATE OF DEATH: _____

COUNTY: _____

DEPARTMENT: _____

CIRCUMSTANCES OF DEATH: _____

Upon receipt of this information, this office will take every step available to expedite consideration of this claim and payment of any death benefit due as a gesture of gratitude to those who have shared this first responder with Alabama.

God rest their soul.