



Minnesota 100 Club

Officer/Firefighter/EMT-EMS/Corrections Officer DEATH OR SERIOUS INJURY REQUEST FORM

Information Provided By: Name: _____
 Title/Relationship: _____ Office Phone : (_____) _____
 Mobile Phone: (_____) _____ Home Phone: (_____) _____
 Email: _____
 Department/Agency (if applicable): _____
 Address: _____ City: _____ Z I P: _____

Name of Injured or Deceased: _____ Birth Date: _____

Date of Injury/Death: _____ Line of Duty? Yes / No Years of Service: _____

Title/Position: _____

Employed with what level of government or organization _____

Spouse Name (If applicable): _____ Birth Date: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Work/Other Phone: (_____) _____ Email: _____

Make Benefit Check To : _____

Dependents: (other than spouse) Birth Date(s):

We request that a letter detailing the nature of the request for assistance along with the amount being requested be either mailed or emailed to:

Minnesota 100 Club
 P.O. Box 18784
 Minneapolis, MN 55418

-or- email to: Info@MN100Club.org

If there are any questions we can answer for you –or- you need any assistance filling out this form, please feel free to call Minnesota 100 Club board member Lanee Arndt at 612-247-2262