



Rhode Island LAST TEAM

This form has been revised and updated by members of the Rhode Island Local Assistance State Team (LAST TEAM). The completion of this guideline decision form by all firefighters is encouraged by the National Fallen Firefighters Foundation. It is our hope that all Rhode Island public safety departments will encourage their members to complete this form and guarantee it is stored in a confidential manner. This location should be accessible and known to all concerned individuals and/or groups. The location and method of storage should be secure but accessible 24/7.

The information you provide in this document is both optional and confidential and will only be used in the event of your serious injury or death in the line of duty. You are urged to take this document home and discuss the questions and decisions with one you trust. You are encouraged to provide whatever information you wish to your comfort level. Answer only the questions you feel will give direction for your family members and department. This will let them know your wishes.

This document does not replace a will or any legal documents you enact. You should review this annually and/or when there are changes in your family life.

For the _____ department this document is always accessible to you for review and/or to make changes. It will be sealed by you and held in _____.

The Rhode Island LAST Team recommends:

1. Open discussion and cooperation from all parties; member, union, management, local city\town\district administration to ensure participation and safeguard confidentiality.
2. That each Rhode Island public safety department have a policy for annual review for all their members. This may be a hiring anniversary date, a particular month of the year or a time \ range of dates that all members may participate.
3. That each Rhode Island public safety department determine the method of securing the continual confidentiality of this form. This may be a double envelope with hand written signature over the sealing mechanisms or a chosen known method of confirming safekeeping.



Insert your department name, logo and/or other pertinent information here

Confidential Firefighter Guidelines for Line-of-Duty Death \ Serious Injury
To be opened only in event of either

Print Name _____

Date of this revision _____

Signature _____

The information you provide in this document is both optional and confidential and will only be used in the event of your serious injury or death in the line of duty. You are encouraged to take this document home and discuss the questions and decisions with one you trust. You are encouraged to provide whatever information you wish to your comfort level. Answer only the questions you feel will be of comfort and direction for your family. This will let them know your wishes.

This document does not replace a will or any legal documents you enact. You should review this annually and/or when there are changes in your family life.

This document is always accessible to you for review and/or to make changes. It will be sealed by you and held in:

-
1. In the event of your death or serious injury who would you want notified immediately?

Name _____

Best number _____

Address _____

2. Additional family members to be notified

Name _____

Number _____

Name _____

Number _____

Name _____

Number _____

Name _____

Number _____

3. Designated beneficiary

Primary _____

Secondary _____

4. Name of attorney _____

Number _____

Location of legal documents _____

5. Is there a particular person you wish to serve as a department family liaison?

Name _____

Number _____

6. The following can be answered yes or no. If you wish to give an explanation please do so at the end of this form.

a. Yes ___ No ___ In the event of a line of duty death do you desire a fire department funeral?

b. Yes ___ No ___ In the event you are unable to communicate after a serious injury, do you wish extraordinary efforts be used to prolong your life?

If yes, list person to make those decisions _____

c. Yes ___ No ___ Are you a veteran of the U.S. Armed Forces?

d. Yes ___ No ___ If you are entitled to a military funeral as determined by the Department of Veterans Affairs, do you wish to have one?

e. Yes ___ No ___ Do you have a will? Location _____

f. Yes ___ No ___ Do you have a durable power of attorney for health care? Name _____

g. Yes ___ No ___ Do you have a durable power of attorney for financial decision? Name _____

h. Yes ___ No ___ Are you an organ donor?

i. Yes ___ No ___ Do you wish your family to make organ donor decision?

j. Yes ___ No ___ Do you have a pre-paid funeral account?

k. Yes ___ No ___ Do you have a funeral home preference? Name _____

l. Yes ___ No ___ Do you wish to be buried? Burial site _____

Is this a pre-paid plot? Yes ___ No ___

m. Yes ___ No ___ Do you wish to be cremated? Wishes for remains _____

n. Yes ___ No ___ Do you wish an open casket?

o. Yes ___ No ___ Do you wish to be buried in uniform?

p. Yes ____ No ____ Do you have a preference for church service?

Name of church _____

q. Do you have a clergy person you wish to officiate?

Yes ____ No ____ Name _____

Contact number \ affiliation _____

r. Yes ____ No ____ Do you wish flowers be omitted in lieu of contribution to a charity?

Charity _____

s. Yes ____ No ____ Do you have particular songs or hymns you would like played at the religious ceremony?

7. List preferences for pallbearers

1.

2.

3.

4.

5.

6.

7.

8

8. Additional information you would like to provide. Are there special requests or directions you would like followed? Feel free to provide further information you feel would be helpful as the department assists your family.