



## FIRST RESPONDER LINE-OF-DUTY DEATH CERTIFICATION

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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.*