## DELAWARE STATE POLICE MUSEUM, INC.

P.O. Box 430 Dover, DE 19903

Phone: 302-739-7700 Fax: 302-739-7707

## **CIVILIAN RETIREE**

| Name:            |             |               | /         | /          |                   | /              |        |
|------------------|-------------|---------------|-----------|------------|-------------------|----------------|--------|
| Last Name        |             | Suffi         | х         | First Name |                   | Middle Initial |        |
| *Address:        |             |               |           |            |                   |                |        |
|                  |             |               |           | /          | /                 |                |        |
|                  | City        |               |           | ,          | State             | Zip            |        |
| *E-Mail Address: |             |               |           |            |                   |                |        |
| *Phone:          |             | /             |           |            | /                 |                |        |
|                  | Home        |               |           | Cell       |                   | Work           |        |
| *Birthdate:/     | /H          | ire Date:_    | /         | /          | Separation Date:_ | /              | /      |
| Location:        |             |               | Assig     | nment:_    |                   |                |        |
| Location:        |             |               | Assig     | nment:_    |                   |                |        |
| Location:        |             |               | Assig     | nment:_    |                   |                |        |
| Location:        |             |               | Assig     | nment:_    |                   |                |        |
| Photo Available: | [ ] Yes     | []            | No        |            | Deceased: [ ]     | Yes            | [ ] No |
| Print Name:      |             |               |           |            |                   |                |        |
|                  | (It submitt | ing for a dec | eased mei | mber)      |                   |                |        |
| Signature:       |             |               |           |            | Date:             | /              | /      |

By signing this form, I grant permission to the Delaware State Police Museum to enter my information into the "Support Staff" Display for public view.

Note: This form may be completed by a family member of a deceased candidate.

<sup>\*</sup>This information will be used for contact purposes only and will not be displayed.