



CITY OF CHICAGO
LINE OF DUTY PREFERENCE FORM

The City of Chicago has established a Line of Duty Preference at time of processing for qualified applicants of entry-level sworn Police or uniformed Fire Department positions who are immediate family members (spouse at time of death; domestic partner at time of death; parents; children by blood, adoption or marriage; brother and sisters including step and half; and grandchildren) of sworn Police and uniformed Fire Department personnel who died in the line of duty, or are immediate family members of individuals who have served on active duty of the Armed Forces of the United States, the Illinois National Guard, or any reserve component of the United States who died in the line of duty in an area designated as a combat zone at the time of death.

Instructions: If you believe you qualify for this preference, complete the following steps.

- 1. Complete the top portion of the form.
2. You must take this form to either the Chicago Fire Department (Director of Personnel, 1338 S. Clinton St.) or the Chicago Police Department (Director of Human Resources, 3510 S. Michigan Ave.) and have them complete the bottom portion.
3. Once all sections of the form are complete, please scan and e-mail the completed form along with supporting documentation to the Department of Human Resources at the following e-mail: lineofduty@cityofchicago.org

Note: The Chicago Fire or Police Department may need time to locate the deceased individual's records. As a result, they may ask you to leave the form with them while they conduct their research. Once the form is completed, they will send it directly to the Department of Human Resources on your behalf. Once the Department of Human Resources receives your form, they will contact you via e-mail to let you know that the form has been received, and to ask you to send the required supporting documentation.

To be completed by applicant:

Last Name: _____ First Name: _____
Address: _____ Apt/Suite: _____
City: _____ State: _____
Zip Code: _____ E-Mail: _____
Home Phone: _____ Cell Phone: _____

Name of Deceased: _____

Deceased Information: Date of Birth _____ Date of Death _____

Deceased Employee of: FIRE _____ POLICE _____

Deceased Last Held Job Title: _____

Relationship to Deceased: _____

FIRE OR POLICE DEPARTMENT USE ONLY

We hereby certify that the name of the deceased listed above died in the line of duty and was an employee of (check one):
Chicago Fire Department _____ Chicago Police Department _____

Name (Printed): _____

Title: _____

Signature: _____

Date: _____