

Products On The Rock
Survivor Fund Registration Form



Products On The Rock offers the Survivor Fund for Law Enforcement Officers, Corrections Officers, Fire Fighters, and Emergency Medical Services. This fund is established for your children if you lose your life in the line of duty.

Activation and continuation of this document

- The Survivor Fund is valid only in the United States.
- This document becomes active when returned and all information has been verified. You will be notified by e-mail upon activation.
- To keep the document active you must agree to purchase a pair of boots or shoes every two years.

(Upon receiving the information, Products On The Rock will verify the information.)

Eligibility for your children

- You affirm that the children listed below are your biological and or legally adopted children.
- Children are younger than eighteen years of age.

To utilize your survivor scholarship fund

Products On the Rock Must have the following documents:

1. All proper application paper work must be completed and sent in to Products on the Rock.
2. Copy of each child's Birth Certificate
3. Photo copy of your work Identification card.
4. Certified copy of the Death Certificate when claim is filed.

Products On The Rock requires this form to be filled out completely, notarized and returned. Any misleading information or falsification of this document will result in the scholarship fund being voided. Kirk DeWitt, President

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Applicant Full Legal Name

First _____ Middle: _____ Last: _____
Check one: Male _____ Female _____ Date of Birth: ____/____/____
Address: _____ Home phone: _____
City: _____ Cell phone: _____
State: _____ Zip code: _____ E-Mail: _____
Social Security Number: ____/____/____
Department / Agency: _____
Phone Number: _____ Fax Number: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Date of Hire: ____/____/____
Your Rank: _____
Name of Immediate Supervisor: _____
E-Mail Address: _____

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List the names of qualified children: (Print/Copy this form again for additional children.)

First _____ Middle: _____ Last: _____
Date of Birth: ____/____/____ Current Age: _____ Male or Female (circle one)
Place of Birth: _____ County: _____ State: _____
Social Security Number if available: ____/____/____

First _____ Middle: _____ Last: _____
Date of Birth: ____/____/____ Current Age: _____ Male or Female (circle one)
Place of Birth: _____ County: _____ State: _____
Social Security Number if available: ____/____/____

First _____ Middle: _____ Last: _____
Date of Birth: ____/____/____ Current Age: _____ Male or Female (circle one)
Place of Birth: _____ County: _____ State: _____
Social Security Number if available: ____/____/____

First _____ Middle: _____ Last: _____
Date of Birth: ____/____/____ Current Age: _____ Male or Female (circle one)
Place of Birth: _____ County: _____ State: _____
Social Security Number if available: ____/____/____

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Person responsible for filing your survivor forms.

First _____	Middle: _____	Last: _____
Check one: Male _____	Female _____	Date of Birth: ____/____/____
Address: _____	Home phone: _____	
City: _____	Cell phone: _____	
State: _____	Zip code: _____	E-Mail: _____
Signature _____	Date ____/____/____	

Notarized

Your Signature: _____	Date: ____/____/____
Notary Name: _____	County: _____
Notary Signature: _____	State: _____
Expiration Date: ____/____/____	

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