

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 Suffix First Name Middle Initial

*Address: _____
_____ / _____ / _____
City State Zip

*E-Mail Address: _____

*Phone: _____ / _____ / _____
Home Cell Work

*Birthdate: ____/____/____ Hire Date: ____/____/____ Separation Date: ____/____/____

Location: _____ Assignment: _____

Location: _____ Assignment: _____

Location: _____ Assignment: _____

Location: _____ Assignment: _____

Photo Available: [] Yes [] No Deceased: [] Yes [] No

Print Name: _____
(If submitting for a deceased member)

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.

**This information will be used for contact purposes only and will not be displayed.*