



AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF _____)

I, _____, do hereby certify that _____
(Print name of Agency Head) (Name of deceased emergency responder)

was an emergency responder as defined by Tenn. Code Ann. § 7-51-210(a)(1) and was
employed or volunteered with the _____.
(Name of agency)

I certify that the emergency responder listed above was killed in the line of duty as defined by
Tenn. Code Ann. § 7-51-210(a)(3) on _____. I further certify
(Date of death)

that the emergency responder listed above was current in required training and physical exams at
the time the death occurred as required by Tenn. Code Ann. § 7-51-210(b).

Signature of Agency Head Date

Sworn to and subscribed before me on this _____ day of _____, _____.

Notary Public

My commission expires: _____