



**AFFIDAVIT CERTIFYING DECEDENT WAS KILLED  
IN THE LINE OF DUTY**

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 named above was killed in the line of duty as defined in  
Tenn. Code Ann. § 7-51-210(a)(3) as “in the course of employment and in the actual discharge  
of the duties of the position” 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: \_\_\_\_\_