

FIRST RESPONDER'S EMPLOYER CERTIFICATION OF DEATH

Section 196.081, Florida Statutes

TO BE COMPLETED BY EMPLOYER

Employee name

Job Title

Supervisor Name/Job Title

Employing Entity Name

Employing Entity Address

DESCRIPTION OF INCIDENT

Location of Incident

Date of Incident

Incident Details

Note:

- 1) "First responder" means a federal law enforcement officer as defined in s. 901.1505(1), a law enforcement officer or correctional officer as defined in s. 943.10, a firefighter as defined in s. 633.102, or an emergency medical technician or paramedic as defined in s. 401.23 who is a full-time paid employee, part-time paid employee, or unpaid volunteer.
 - a) Section 633.102 Florida Statutes, "Firefighter" means an individual who holds a current and valid Firefighter Certificate of Compliance or Special Certificate of Compliance issued by the division under s. [633.408](#).
- 2) "In the line of duty" means:
 - a) While engaging in law enforcement.
 - b) While performing an activity relating to fire suppression and prevention.
 - c) While responding to a hazardous material emergency.
 - d) While performing rescue activity.
 - e) While providing emergency medical services.
 - f) While performing disaster relief activity.
 - g) While otherwise engaging in emergency response activity.
 - h) While engaging in a training exercise related to any of the events or activities enumerated in this subparagraph if the training has been authorized by the employing entity.

I legally recognize and certify that the first responder died in the line of duty while employed as a first responder. This statement is true and correct to the best of my knowledge.

Signature

Date

Name/Job Title

Employer, if you need any assistance completing this form, please contact the Pinellas County Property Appraiser's Office at (727) 464-3207 or mike@pcpao.gov. Thank you.