

**REQUEST TO HAVE THE STATE FLAG FLOWN AT HALF-STAFF IN HONOR OF  
LAW ENFORCEMENT, FIREFIGHTER, OR ELECTED OFFICIAL**

**Requestor Information:**

Name and Official Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**DECEDENT'S INFORMATION:**

Name and Official Title: \_\_\_\_\_

Decedent's spousal or parental contact information (where applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employing Department or Agency: \_\_\_\_\_

Years of Service

From: \_\_\_\_\_ To: \_\_\_\_\_

County and City of Residence: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Interment: \_\_\_\_\_

Date requested if other than the date of interment: \_\_\_\_\_

*For Law Enforcement and Firefighters Only:*

*The flag will be lowered for law enforcement and firefighters only if they have passed while in the line of duty.*

Return completed form to:  
Executive Office of the Governor  
Office of the General Counsel  
400 South Monroe Street  
The Capitol, Room 209  
Tallahassee, Florida 32399