



**Secretary of State**  
**Affirmation for Chicago Police Memorial Foundation**  
**License Plates**

**Secretary of State**  
**Vehicle Services Department**  
**Special Plates Division**  
**501 S. Second St., Rm. 520**  
**Springfield, IL 62756-5100**  
**217-524-1345**  
**www.cyberdriveillinois.com**

**Applicable fees and forms may be submitted along with this request form to the address at left.**

**License plate registration application forms may be obtained in person at most Secretary of State facilities, by mail, by visiting [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com) or by calling 800-252-8980.**

To be eligible for the Chicago Police Memorial Foundation License Plates, an applicant must certify that he or she is one of the following: (1) an active or retired law enforcement officer by providing a copy of his/her active or retired police ID; (2) an immediate family member of an active law enforcement officer by providing a copy of the officer's ID and telephone number for verification purposes; (3) a surviving family member of a police officer who was killed in the line of duty; or (4) an established individual or corporate donor to the Chicago Police Memorial Foundation. All applicants must be donors to the Chicago Police Memorial Foundation. The Chicago Police Memorial Foundation may, at their discretion, ask applicants to submit to a background check. This affirmation must be sent to the Chicago Police Memorial Foundation for approval before license plates can be issued. Please check one of the following criteria below.

Active Law Enforcement Officer (attach copy of active Police ID) Name of Agency \_\_\_\_\_

Retired Law Enforcement Officer (attach copy of retired Police ID) Name of Agency \_\_\_\_\_

Immediate Family Member of Active Law Enforcement Officer (attach copy of Police ID and contact information)

Name of Law Enforcement Officer \_\_\_\_\_

Name of Agency \_\_\_\_\_

Relationship to Law Enforcement Officer \_\_\_\_\_

Surviving Family Member of Police Officer who was killed in the line of duty

Name of Fallen Law Enforcement Officer \_\_\_\_\_

Name of Agency \_\_\_\_\_

Relationship to Fallen Law Enforcement Officer \_\_\_\_\_

Individual Donor to the Chicago Police Memorial Foundation

Corporate Donor to the Chicago Police Memorial Foundation

I hereby affirm that I am eligible to receive the Chicago Police Memorial Foundation License Plates.

Printed Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Applicant Signature \_\_\_\_\_

----- Do Not Write Below This Line-----

I certify that the person whose signature appears above is entitled to receive the Chicago Police Memorial Foundation License Plates. The application must bear the signature of an authorized representative of the Chicago Police Memorial Foundation in order to be processed by the Secretary of State's Office.

Date \_\_\_\_\_

Signature of Authorized Representative

Chicago Police Memorial Foundation, 1407 W. Washington Blvd., Chicago, IL 60607