



**Mitch and Janice Barwick**  
**110 mimosa court**  
**Licking, MO 65542**

Application 2019

Your Name: First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Email address \_\_\_\_\_

Your Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your contact Phone #Day \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Your Officer's Name: \_\_\_\_\_  
Law Enforcement Department \_\_\_\_\_  
City & State \_\_\_\_\_, \_\_\_\_\_

End Of Watch date \_\_\_/\_\_\_/\_\_\_  
Line of Duty Death \_\_\_ Yes Or \_\_\_ No

Your relationship to the Fallen Officer: \_\_\_\_\_

Want Help With: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member of board of director will contact you and make a decision.

All recipients agree to register with Concerns of Police Survivors and stay at C.O.P.S. Hotels. Also must fly into Ronald Reagan National Airport DCA between 9a.m. and 6.p.m. on May 11 and 12. Arriving on any other date, any other time or any other airport, you will need to use hotel airport shuttle or take a cab to hotel.

Our Contact Information: [mitchell437@centurylink.net](mailto:mitchell437@centurylink.net) Phone# 573-674-2406