



**Village of Rockville Centre**  
1 College Place, Rockville Centre, New York 11570 • Phone: (516) 678-9300

**SEPTEMBER 11<sup>TH</sup> MEMORIAL APPLICATION**  
**HONORING VICTIMS OF 9/11 RELATED ILLNESSES**

In memory of verified World Trade Center rescue and recovery responders, and civilian victims who have been lost to illnesses caused by the September 11, 2001 attack on America, the Village of Rockville Centre will honor family members, friends and neighbors who made this ultimate sacrifice. Names will be inscribed onto our 9/11 Memorial located at the Village Green on Maple Avenue.

**1. Please complete the following information for the person filing for the deceased. Please use full legal name.**

[Redacted]

First Name Middle Name Last Name

[Redacted]

Mailing Address Apartment/Suite Number

[Redacted]

City State Zip Code Country (if not the U.S.)

[Redacted]

Phone Number Alternate Number Email Address

Relationship to the deceased: \_\_\_\_\_

**2. Complete the information below for the individual who has died as a result of a 9/11 - related physical injury or condition.**

[Redacted]

Please indicate how you would like your loved one's name to be inscribed on the Walls of Honor.

[Redacted]

Address in the Village of Rockville Centre where victim resided City Number of years victim resided at this address

[Redacted]

Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy) Victim's SSN or National ID Number

[Redacted]

Agency or company victim worked for during WTC Rescue and Recovery time period

[Redacted]

Agency or company address City State Zip Code

[Redacted]

Agency Contact Phone Number Email Address

**3. Why was the victim present in the NYC Exposure Zone during the period beginning September 11, 2001 through May 30, 2002?**

- Part of the rescue, recovery and debris clean-up.
- Through his or her ordinary employment as a non-responder.
- Lived in the NYC Exposure Zone.
- Other: \_\_\_\_\_

**4. Select from the list below the employer or entity for which the victim worked or volunteered at the NYC Exposure Zone during the WTC Rescue and Recovery Option. Please indicate if the victim worked or volunteered for more than one entity on the list.**

- |  |   |
|--|---|
| <input type="checkbox"/> FDNY specify the victim's role from the following list:<br><input type="checkbox"/> Active FDNY - Fire<br><input type="checkbox"/> FDNY EMS<br><input type="checkbox"/> Retired FDNY - Fire<br><input type="checkbox"/> FDNY engineer, dispatcher, electrician or other position<br><input type="checkbox"/> Specify: _____<br><input type="checkbox"/> NYPD specify the victim's role from the following list:<br><input type="checkbox"/> Police Officer<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> NCPD specify the victim's role from the following list:<br><input type="checkbox"/> Police Officer<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> City of New York; Dept. of Sanitation, Transportation, etc.<br><input type="checkbox"/> State of New York<br><input type="checkbox"/> Port Authority<br><input type="checkbox"/> Consolidated Edison ("ConEd")<br><input type="checkbox"/> Red Cross<br><input type="checkbox"/> Salvation Army<br><input type="checkbox"/> Temporary worker performing clean up<br><input type="checkbox"/> Volunteer Firefighter Specify Department:<br><input type="checkbox"/> Specify: _____<br><input type="checkbox"/> Other: _____ |
|--|---|

**5. Death Related to September 11<sup>th</sup> 2001 event.**

- Was the victim in the World Trade Center Medical Monitoring Program?  Yes If so, which one?  No
  
- Was the victim being treated for a certified WTC related medical problem, that is listed as a cause of contributing factors in his/her death?  Yes  No
- Is the victim's Agency (FDNY, NYPD, etc) recognizing the death as "WTC Line of Duty?"  Yes  No
- Was the victim's death officially declared 9/11 related?  Yes  No

**6. Documentation: (REQUIRED)**

- Proof of Village of Rockville Centre residence such as rent or mortgage receipts, tax receipts, etc.
- Copy of death certificate.
- Proof of certification/treatment in WTC Medical Monitoring Program.
- Proof showing the victim was present at the site, below are examples:
  - Sworn and notarized affidavits
  - Copy of accepted NYCERS 622
  - Copy of accepted NYSWTC 12
  - Letter from Agency or Company
  - Documentation of participation in WTC Rescue and Recovery Operation/Event

**Instructions: Please review the following statements and initial where indicated. Sign and date the form, and print your name at the end of the form.**

\_\_\_\_\_  
Initials I understand the submission of this application authorizes the Village of Rockville Centre to collect this information and, I consent to the disclosure of any records or information relating to the Victim and authorize such disclosures for the purpose of determining qualification for addition of the name to the September 11<sup>th</sup> Memorial at the Village Green; other federal, state, or local agencies, and NIOSH; and other individuals or entities having information related to the victim.

\_\_\_\_\_  
Initials I certify that the information provided in this application and any documents provided in support of this application are true and accurate to the best of my knowledge, and I declare under penalty of perjury that the foregoing is true and correct. I understand that false statements or claims made in connection with the application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government, including as provided in 18 U.S.C. § 1001, and that claims that appear to be potentially fraudulent or to contain false information will be forwarded to the federal, state, and local law enforcement authorities for possible investigation and prosecution.

\_\_\_\_\_  
Initials I authorize the Village of Rockville Centre to obtain any information relating to my application for adding the name of the deceased to the September 11<sup>th</sup> Memorial at the Village Green from individuals; employers; hospitals; medical service providers; other federal, state, or local agencies; or other sources having information relating to my application. This information may include, but is not limited to, medical, government, and cause of death information about the individual whom I represent. I further authorize individuals, entities, and federal, state and local agencies including NIOSH and the WTCHP, having information pertinent to the application, to release such information to a duly accredited representative of the Village of Rockville Centre during the review of the application to the name to the September 11th Memorial at the Village Green, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. I acknowledge that I have the right to revoke this authorization at any time, except to the extent that Village of Rockville Centre and the entities listed above have already acted based on this authorization. I understand that the knowing and willful request for, or acquisition of, a record pertaining to an individual under false pretenses is a criminal offense subject to a \$5,000 fine.

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

\_\_\_\_\_  
Print Name Date of Signature (mm/dd/yyyy)

\*The "NYC Exposure Zone" is defined as "the area of Manhattan south of the line that runs along Canal Street from the Hudson River to the intersection of Canal Street and East Broadway, north on East Broadway to Clinton Street, and east on Clinton Street to the East River; and any area related to or along the routes of debris removal, such as barges and Fresh Kills landfill."