

**Out of the Darkness Community Walk
Walk for Suicide Prevention
Team for South Carolina Police Officers/Families/Co-Workers**

**Information Sheet
FAX To: 803-252-2841**

Name of Department: _____

Designated Point of Contact: _____

Work Phone: _____ Cell Phone: _____

Email: _____

**Persons From Our Department Who Will Walk With The L.E.
Team on October 19, 2008:**

<u>Name</u>	<u>Email</u>	<u>Cell</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

South Carolina Suicides: Officer/Non-Sworn/Family Member

Full Name of Officer/Staff/Family Mbr.	Appx.Date of Suicide
* _____	_____
* _____	_____
* _____	_____

(Use Second Page If Needed To Provide Further Information)