



**LODI POLICE DEPARTMENT  
PARTNERS and HONOR GUARD  
SERVICE REQUEST**

**LODI POLICE PARTNERS  
Services Request**

**The Lodi Police Department family would like to honor the memory of our lost Partners. If you so choose, please complete this form and return it to the office. All information will remain confidential.**

**Partner's Name** \_\_\_\_\_

**Family member/person to be contacted for service consultations:**

**Name:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**To my family and friends:**

**These are my personal wishes for the Lodi Police Department and Partners' participation in my final services. It is my desire that these wishes be carried out as closely as possible as outlined in this document.**

**Signature** \_\_\_\_\_ **Date signed** \_\_\_\_\_

**PARTNERS AND HONOR GUARD  
Service Request**

yes    no

**Partners attend in class "A" uniform** -----

**Partners attend in class "A" uniform  
And Partners Honor Guard present** -----

**Partners Honor Guard at gravesite  
at attention** -----

**Partners Honor Guard as Honorary  
Pall Bearers** -----

**A Partner to speak at Service** -----

**If "yes," indicate whom you would like to speak.**

**(First and last name)** -----

**Any additional information or instructions you have:**

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