



REMEMBER MY NAME

The National Coalition Against Domestic Violence (NCADV), in conjunction with Ms. Magazine, started this project in 1994 to create a national registry of names to increase public awareness of domestic violence deaths. Since then, NCADV has continued to collect information on incidents of women who have been killed by an intimate partner and produces a poster each year for Domestic Violence Awareness Month listing the names of those submitted. We are hoping to create as complete a registry as possible of women who have lost their lives due to domestic violence. If you know of a woman who was killed due to domestic violence, please complete this form and attach additional documentation available (newspaper clippings, police report, court records, etc.) **Send this form to: NCADV, P.O. Box 18749, Denver, CO 80218**

ATTENTION: Due to the large number of submissions we receive for this project, we ask that you restrict your submittal to this form only. While we honor each victim's story and struggle, we do not have the resources to review or respond to them. Please submit your form for inclusion on this year's Remember My Name poster by May 1st. Thank you.

Name of Person to be Remembered: _____

Age at Time of Death: _____ Date of Death: _____

City: _____ State: _____

Perpetrator's Name: _____ Perpetrator's Age: _____

Relationship: _____ Weapon Used: _____

Charge/Sentence (if known): _____

Additional Victims & Ages: Name: _____ Age: _____
Name: _____ Age: _____

Witnesses: _____

Surviving Children: Name: _____ Age: _____
Name: _____ Age: _____

Please check all that apply to this particular case:

<input type="checkbox"/> Custody Issues Involved	<input type="checkbox"/> Drugs/Alcohol Involved
<input type="checkbox"/> Record of Prior Abuse	<input type="checkbox"/> Prior Police Contact
<input type="checkbox"/> Prior Shelter Contact	<input type="checkbox"/> Restraining Order Issued

Comments: _____

Information Provided By: (Your name will not be released without prior consent)

Your Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____