

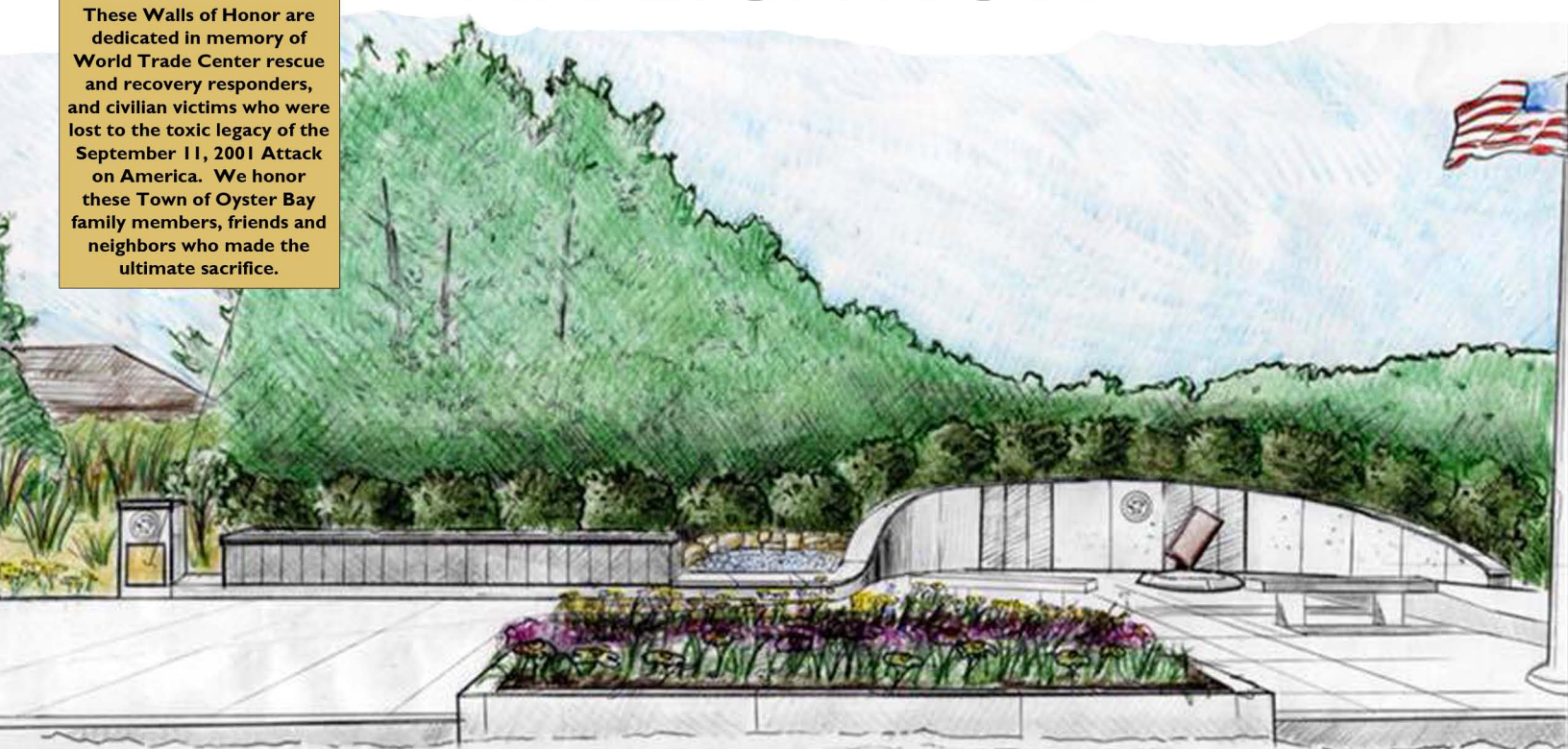


Joseph Saladino
Town Supervisor

9/11

WALLS OF HONOR APPLICATION

These Walls of Honor are dedicated in memory of World Trade Center rescue and recovery responders, and civilian victims who were lost to the toxic legacy of the September 11, 2001 Attack on America. We honor these Town of Oyster Bay family members, friends and neighbors who made the ultimate sacrifice.



RENDERING OF FUTURE MONUMENT AT TOBAY BEACH



Town of Oyster Bay
Department of Youth and Community Services
977 Hicksville Road
Massapequa, New York 11758

SEPTEMBER 11TH WALL OF HONOR PROJECT

In memory of verified World Trade Center rescue and recovery responders, and civilian victims who have been lost to the toxic legacy of the September 11, 2001 Attack on America, the Town of Oyster Bay will honor family members, friends and neighbors who made this ultimate sacrifice. Names will be inscribed onto the 9/11 Walls of Honor each year at a remembrance ceremony.

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

Last Name		First Name		Middle Name
Mailing Address			Apartment/Suite Number	
City	State/Province	Zip/Postal Code	Country (if not the U.S.)	
Best Telephone Number during Business Hours			Alternate Telephone Number(s)	
Email Address				
Relationship to the deceased: Family <input type="radio"/> Friend <input type="radio"/> Agency <input type="radio"/> Town of Oyster Bay Official <input type="radio"/>				

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

Last Name		First Name		Middle Name
Address			Victim's SSN or National ID Number	
City	State	Zip/Postal Code	Country (if not the U.S.)	
Date of Birth (mm/dd/yyyy)		Date of Death (mm/dd/yyyy)		
For the Victim: If last residing address is not in the Town of Oyster Bay, please list prior address and years lived in the Town of Oyster Bay.				
Agency or company Victim worked for during WTC Rescue and Recovery time period:				
Address		City	State	Zip
Best Telephone Number during Business Hours			Alternate Telephone Number(s)	
Agency Contact:			Phone:	

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.
Was the victim acting in a capacity as a responder? ☐ Yes ☐ No
☐ Through his or her ordinary employment as a non-responder.
☐ Lived in the NYC Exposure Zone
☐ Other: Specify: _____

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.

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

5. Death Related to September 11th 2001 event.

Was the victim in the World Trade Center Medical Monitoring Program? ☐ Yes ☐ No Which one? _____
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 residence such as rent or mortgage receipts, tax receipts.
Copy of death certificate.
Proof of certification/treatment in WTC Medical Monitoring Program.
You must submit written proof showing the victim was present at the site., below are examples.
Sworn and notarized affidavits
Copy of accepted NYCERS 622
Copy of accepted NYS WTC 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 Town of Oyster Bay 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 11th Walls of Honor at TOBAY Beach: The Town of Oyster Bay; 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 Town of Oyster Bay to obtain any information relating to my application for adding the name of the deceased to the September 11th Walls of Honor at TOBAY Beach 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 WTCHEP, having information pertinent to the application, to release such information to a duly accredited representative of the Town of Oyster Bay during the review of the application to the name to the September 11th Walls of Honor at TOBAY Beach, 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 Town of Oyster Bay 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 individuals under false pretenses is a criminal offense subject to a \$5,000 fine.

For applicant filing on behalf of a deceased individual, who are not spouse or next of kin, please initial in acknowledgement of the following:

Initials

I certify that I have provided the require notice to all the decedent's living relatives and potentially interested parties by either personal delivery or certified mail, return receipt requested, and that I am not aware of anyone to whom such notice should be provided. I also authorize the Town of Oyster Bay to publish my name as well as the name of the deceased individual on whose behalf I am seeking recognition.

Signature of Applicant

Print Name

Date of Signature (mm/dd/yyyy)

*The "NYC Exposure Zone" is defined as "the area in 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."