MARYLAND STATE FIREMEN'S ASSOCIATION and SOUTHERN MARYLAND VOLUNTEER FIREMAN'S ASSOCIATION

Combined Memorial Service Form

To include a Department member in the 2009 MEMORIAL SERVICE(s), please complete and return this form with a photograph of the member by **MARCH 1, 2009.** Any listing not **postmarked by March 1st** will be carried over to the 2010Memorial Service. **You do not have to submit a form to the MSFA.** We will send the information for their Memorial Service. **Please print all information.**

DECEASED MEMBER INFORMATION

Deceased Member: _____

Fire Department/Rescue Squad Affiliation: _____

[ ] Life Member Offices Held_____

Honors Received_____

Date of Death: _____

Next of Kin: _____

Address of Next of Kin: _____

_____

MEMBER SUBMITTING INFORMATION

_____ ____ _____
First Name MI Last Name

_____ _____
Department/Squad Affiliation Position

_____ _____
Phone number (work) Phone Number (home)

_____ _____
Email Address Signature

NOTICE: By submitting this form, the individual authorizes publication of the information in the MSFA and SMVFA Memorial Service Program.

Completed forms should be submitted to:
Chaplain George L'Heureux, 21050 Olen Mattingly Rd., Avenue MD 20609