

SMVFA MEMORIAL SERVICE FORM

- To include a Department member in the 2018 MEMORIAL SERVICE, please complete and return this form with a photograph of the member by **MARCH 31, 2018**
- Any listing not postmarked by March 31st will be carried over to the 2019 Memorial Service.
- **Please print all information.**
- Complete the MSFA Form and submit it with an additional photo to MSFA.
- **Auxiliary member's information should be sent to the MSFALA & LASMVFALA auxiliary chaplains.**

DECEASED MEMBER INFORMATION

Deceased Member: _____

Fire Department/Rescue Squad Affiliation: _____
[] Life Member [] Hall of SMVFA

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/cell) Phone Number (Home)

E-Mail Address Signature

**Completed forms should be submitted to:
William Smith/CCVFIREEMS, P.O. Box 21, La Plata MD 20646**

Notice: *By submitting this form, the individual authorizes publication of the information in the SMVFA Memorial Service Program.*