



# Application for Memorial Plaque for Deceased Member

(Member Must Be On Current Roster)

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

**Deceased Member's Name:** \_\_\_\_\_

(As on Roster)

**Deceased Member's Name as wanted on plaque if different from  
above:** \_\_\_\_\_

**Date Joined Squad – Month:** \_\_\_\_\_ **and year:** \_\_\_\_\_

**Date Deceased – Month:** \_\_\_\_\_ **and year:** \_\_\_\_\_

**Killed on Duty:** \_\_\_\_\_ **YES** \_\_\_\_\_ **No** (Check Appropriate One)

**Call Number:** \_\_\_\_\_

**Photo included for Memorial Service** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Photo is of your choice. For best quality to insert in Memorial Service PowerPoint the photo needs to be a high resolution photo or a large clear photo if mailed in. You may email this form and photo to [stacy@tnars.org](mailto:stacy@tnars.org) or you can mail to the address below.**

\_\_\_\_\_  
(Sign by Captain, Chief, or Unit Director)

**Tennessee Association of Rescue Squads  
State Office  
2906 Tazewell Pike, Suite 'B'  
Knoxville, TN 37918**