



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 shannon@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 'C'
Knoxville, TN 37918**