



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
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