



# 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](mailto: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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