

# MEMORIAL SERVICE

## MARYLAND STATE FIREMEN'S ASSOCIATION

*Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel*

[www.msfa.org](http://www.msfa.org)

### JOINT MEMORIAL SERVICE APPLICATION

**NOTE: EACH MEMBER ENTRY REQUIRES AN INDIVIDUAL FORM.**

To include a department's member in the **2017 JOINT MEMORIAL SERVICE**, please complete and mail this form by **March 1, 2017**. Please list the names of all members who have passed away during the last calendar year (January-December). Any listings not **postmarked by March 1<sup>st</sup>**, will have to be included in next year's Joint Memorial Service due to the required preparation time for printing of the Memorial Book. It is requested that you **submit a photograph**, of good quality that is no smaller than 2"x 2" and no larger than 8" x 10". If possible, slides should be converted to prints.

**All entries should be mailed to:  
Chaplain Harry Hetz, 20818 Oak Grove Church Road, Bivalve, MD 21814**

#### INDIVIDUAL SUBMITTING REQUEST

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address - Picture Will Be Returned To This Address

\_\_\_\_\_  
Phone Number (Home)

\_\_\_\_\_  
Phone Number (Work)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Authorizing Signature

**Notice: By submitting this form, the individual responsible for its submittal authorizes publication of the Memorial information in the MSFA/LAMSFA Joint Memorial Service Program**

#### DECEASED MEMBER INFORMATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Complete Fire Department/Rescue Squad Name

\_\_\_\_\_  
County

Did Member Hold State Office? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Which Office? \_\_\_\_\_

\_\_\_\_\_  
Year of Death