

MARYLAND STATE FIREMEN'S ASSOCIATION

Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel www.msfa.org

Attached to this letter, is the Memorial Service form to submit your member's name and picture for the 2018 Joint Maryland State Firemen's Association and Ladies' Auxiliary of the Maryland State Firemen's Association Memorial Service.

Please submit a copy of this form for each member along with a picture of the deceased member to be recognized. Picture should be of good quality, not smaller than 2 inches by 2 inches; and not larger than 8 inches by 10 inches.

If other sizes must be submitted, please contact Chaplain Hetz at 410-8732141 to determine suitability. Please print or type all information legibly.

Please note, by submitting this form, the individual responsible for its submittal authorizes publication of the Memorial information in the MSFA/LAMSFA Joint Memorial Service Program.

Also please note, there has been an address change from previous years.

Please submit forms before March 1, 2018 to Chief Chaplain Rev. John F. Long, Jr. 343 Cool Breeze Court Pasadena, MD 21122.

MARYLAND STATE FIREMEN'S ASSOCIATION

Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel www.msfa.org

JOINT MEMORIAL SERVICE APPLICATION

NOTE: EACH MEMBER ENTRY REQUIRES AN INDIVIDUAL FORM.

To include a department's member in the **2018 JOINT MEMORIAL SERVICE**, please complete and mail this form by **March 1, 2018**. Please list the names of all members who have passed away during the last calendar year (January-December). Any listings not **postmarked by March 1st**, 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:

Chief Chaplain Rev. John F. Long, Jr., 343 Cool Breeze Court Pasadena, MD 21122

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