

## MEMORIAL INFORMATION SHEET

Name of Deceased: \_\_\_\_\_

Fire Department Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Cause of Death (if available): \_\_\_\_\_

Fire Department Contact Person: \_\_\_\_\_

Fire Department Address: \_\_\_\_\_

Fire Department Telephone Number: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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(Chairman, VFCA Health and Safety Committee)  
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