



THE BALTIMORE COUNTY VOLUNTEER FIREFIGHTER'S ASSOCIATION

DECEASED MEMBER NOTICE

Station Number	Name of Company or Auxiliary

INFORMATION ABOUT DECEASED MEMBER			
Title of Member	First Name	Middle Name or Initial	Last Name
Date of Birth	Date of Death		

INFORMATION ABOUT NEXT-OF-KIN			
Salutation	First Name	Middle Name or Initial	Last Name
Address			
City, State, Zip Code		Email Address	Telephone Number
Relationship to Deceased			

COMPANY OFFICIAL SUBMITTING REPORT	
Printed Name	Signature
Title	Date

A PHOTOGRAPH OF THE DECEASED MEMBER IS ENCLOSED: YES NO

INSTRUCTIONS FOR THE USE OF THIS FORM

1. Form to be completed for every member of your Company or Ladies Auxiliary who has died between **August 1 and July 31**. Then return the form VIA EMAIL with a **photograph of the deceased** as soon as possible to: bcvfa-admin@baltimorecountymd.gov

2. Please be sure to provide accurate information about the name and address of next-of-kin so that we can send them an invitation to the Memorial Service.