



# 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](mailto: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.