

# Deceased Member Information

## Member Name

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Date of Death:

Member at Station (up to six (6) stations)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Resolution document copy for:

Family

Station

Name of person submitting this form:

Phone of person submitting this form

Complete the information at the top of this form then submit this form via email to:

[YCFPACHaplain@gmail.com](mailto:YCFPACHaplain@gmail.com)

## Notes of Importance

If member was a member of the Pa Fire Police Association, visit <http://www.pafirepolice.org/PAFP%20Forms.pdf> , complete the Proof of Death form and submit the required paperwork (currently Death Certificate and obituary) to:

Pennsylvania Fire Police Association  
PO Box 586  
Effort, PA 18330

YCFPA Use below this line

Received by:

Received Date: \_\_\_ / \_\_\_ / \_\_\_

Memorial List  Minutes  Resolutions Completed  Resolutions Archive