

MICHIGAN STATE FIREMEN'S ASSOCIATION

FIREFIGHTER'S MEMORIAL APPLICATION

The name being submitted to Michigan Firefighter's Memorial for placement to The Wall must have the following qualifications:

- 1) Must be deceased
- 2) Must have had minimum of ten years of active duty on a fire department or active on a fire department at time of death

This information must be certified by the current Chief of the Fire Department or by the State Fire Marshal records.

All applications must be submitted by **August 1**, to ensure name will be place on The Wall for the Fall Memorial Service.

If you are submitting more than one name please use a separate application for each name. Please submit a brief biography.

Payment must be submitted with application: **Line of Duty - NO COST**

Active firefighter at time of death - \$100.00 ♦ Retired firefighter at time of death - \$100.00
Additional Contribution \$ _____ ♦ Total Enclosed \$ _____



Make Checks Payable To:
Michigan State Firemen's Association
C/O Cliff A. Messing - Firefighter's Memorial
8826 E. Huron Line Road
Ruth, MI 48470
989-670-3751
delfire1953@gmail.com

***** PRINT CLEARLY *****

First _____ Middle Initial _____ Last _____

Date of Birth _____ Date Entered Fire Service _____ Date of Death _____

Fire Department Name to be placed on Memorial Wall

_____ Years of Service _____

Line of Duty Death: ☐ Yes or ☐ No (*Document of line of duty death must be sent with application to be approved*)

Active firefighter at time of death: ☐ Yes or ☐ No

Retired firefighter at time of death: ☐ Yes or ☐ No (*Minimum 10 years of service*)

Submitted by: _____ Relationship to Deceased: _____

Day Time Phone _____ Chief of Department: _____

Email Address: (Please print clearly) _____