



# DECEASED MEMBER FORM

Please complete and submit this document for any of your members who died between: **JULY 1, 2024 – JUNE 30, 2025.**

**Mail To: Virginia State Firefighter's Association**  
**Attn: Executive Director:**  
**PO Box 9413, Hampton, VA 23670**

**Email to: [execdirector@vsfa.com](mailto:execdirector@vsfa.com)**

**OR**

**Submit online at: [www.vsfa.org](http://www.vsfa.org)**

This list must be submitted by **July 22** to be included in the VSFA Convention's Memorial Services. Names received after that date will be included the following year. PLEASE INCLUDE A PICTURE AND COMPLETE ALL INFORMATION BELOW FOR PROPER RECOGNITION.

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Form Completed By: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

**DECEASED MEMBERS JULY 1, 2024 – JUNE 30, 2025**  
*(Please Print Clearly)*

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