



# EMS Memorial Nomination Form

## NOMINEE INFORMATION

*Please provide the following information about the person being considered for the EMS memorial:*

Name of Nominee \_\_\_\_\_ EMT Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

*Please provide the following information about the nominee's agency:*

Name \_\_\_\_\_ Agency Number \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

*Please provide the following information about the nominee's Primary Survivor(s) (usually spouse or parents):*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## NOMINATOR INFORMATION

*Please provide the following information about the person submitting this nomination:*

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Signature \_\_\_\_\_

## **NARRATIVES**

*Please describe the circumstances of nominee's death, cause of death and how related to a medical call: (Required)*

*Please give a brief description of the nominee's activities in emergency medical services: (Required)*

*Please list any additional facts you think may be relevant:*

## **MEDIA INFORMATION**

*Please provide information on all media outlets that covered the nominee's death or the circumstances surrounding the death:*

Outlet Type \_\_\_\_\_

Name/Call Letters \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_