

North Carolina Association of Rescue & E.M.S., Inc.

Memorial Service Information

Name of Squad _____

Name of deceased member _____

Date of Birth _____ Date of Death _____

Married: Yes _____ No _____ Date of Marriage _____

Wife's Name _____

Children _____

Survivors, other than above _____

Date affiliated with squad _____

Employed by _____

Other affiliations; lodges, civic clubs, etc. _____

**Return to: N. C. Association of Rescue & EMS, Inc.
P. O. Box 1914
Goldsboro, NC 27533-1914**

Deadline: MAY 1