

NJSFAC
DEATH OF A MEMBER

[Please print legibly]

1) Advise District Chaplain:

a) Member's Full Name (no nicknames)

Name _____ Date of Death _____

Address _____

Religion – Protestant ____ Roman Catholic ____ Jewish ____ Other ____

b) Squad Affiliation _____

Squad Address _____

c) Squad Chaplain or designee _____

Address, telephone, e-mail _____

d) Name of Funeral Home _____

Address _____

Viewing details (if known) _____ (date, day, time)

_____ (Funeral)

_____ (Interment)

2) If services are requested, designate who will conduct them:

_____ Squad _____

_____ Squad and District _____

_____ Squad, District and State _____

3) District Chaplain:

Name _____

Telephone, e-mail _____

4) Send to District Chaplain at earliest convenience.

Are photos available for Memorial Service?

Hard copy – Yes ____ No ____ Digital Format – Yes ____ No ____

Certificate needed – Yes ____ No ____ Certificate issued - _____