



## **NOTIFICATION OF DEATH OF SD EMS PROVIDER**

Name of Deceased \_\_\_\_\_

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

Address of Deceased EMT \_\_\_\_\_

\_\_\_\_\_

Affiliated Service \_\_\_\_\_

Was this death in the line of Duty in South Dakota?

\_\_\_\_\_

If so, where? \_\_\_\_\_

Please give a brief description to include special training etc. of the departed EMT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of individual submitting name:

\_\_\_\_\_

Phone Number of same: \_\_\_\_\_

(If more information is needed)

Who would be lighting the candle at the Memorial Ceremony at State Conference? (name & phone #)

\_\_\_\_\_

**E-Mail this completed form to: [Secretary@sdemsa.org](mailto:Secretary@sdemsa.org)**

**\*\*Please include a picture of the remembered person.**