



Request for “Resolution of Respect”

Please provide the following information to obtain a “Resolution of Respect.”

Deceased Member Information

Name of Deceased: _____

Date of Death: _____

Name of Fire Department or Auxiliary to which the deceased was a member of:

Fire Department/Auxiliary Mailing Address: _____

City: _____ State: _____ Zip: _____

Relative Information *(husband, wife, mother, father, daughter, son, brother, or sister)*

Relative's Name: _____ Relation: _____

Relative's Mailing Address: _____

City: _____ State: _____ Zip: _____

Please send this completed form to: Judy A. Ward
P.O. Box 449
Centreville, VA 20122
or by email: ward_judya@yahoo.com