



Southwestern Association Volunteer Firemen

State of New York

Allegany ** Cattaraugus ** Chautauqua ** Erie

DECEASED MEMBERS

Members Name: _____

D.O.D. _____ Years of Service: _____ Positions Held: _____

Fire Company/Department Name: _____

County of Fire Company/Department: _____

Members Name: _____

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County of Fire Company/Department: _____

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