Notification of Death of a Firefighter

Name of the Deceased: _____

Rank _____ Years of service: _____

Fire Department: _____

Was this a Line of Duty Death? _____

Does Presumptive Legislation apply? _____

WSIB Registration Number: _____

Date of Funeral: _____

Funeral Arrangements (if current): _____

Including date/time/location _____

Next of Kin contact: Name _____

Address _____

_____

Tel & or email _____

Circumstances of Death: _____

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Send to: George Upham - Memorial Chairman

mail: 38 South Main Street, Port Robinson, ON L0S 1K0

Email: gupham1@cogeco.ca