

**VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INC.  
REPORT OF DECEASED MEMBERS**

**PLEASE TYPE OR PRINT:**

Date \_\_\_\_\_

TO: VAVRS Chaplain  
P. O. Box 279  
Oilville, VA 23129-0279

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**PLEASE CHECK TYPE OF MEMBERSHIP:**

Squad \_\_\_\_ Assoc Unit \_\_\_\_ Sustaining \_\_\_\_ Associate \_\_\_\_ Individual \_\_\_\_

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

Years of Service \_\_\_\_\_

Organization Name \_\_\_\_\_

Survivor \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Member Death Benefit Plan**

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Organization Representative

**If yes, attach copy of death certificate.**

\_\_\_\_\_  
Print Name & Title