EMS Memorial Application for Name Placement

Memorial Criteria

- Line of duty death (Individual was killed in the performance of his/her EMS duties. No Fee
- National/State/Local Recognition (Provider had a significant impact of EMS in their community, spent at least 10 years providing EMS, or died while an active member of a department. Fee: $125.00)

Please print name of deceased to be engraved

Family Contact Information

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

☐ Check Enclosed ($125.00) ☐ Bill my Credit Card

Credit Card: _____ - _____ - _____ - _____ Exp Date: _____

3 digit security code: _____ Last name on card: _____

EMS Service Contact Information

Service Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please provide the following items with your application: Short biography of decedent, Years of EMS Service, 1-3 photos of individual, Applicable Fee. Send to:

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515.225.8079—Phone 515.225.9080—Fax
Email: administration@iemsa.net