



2600 Vine Street, Ste. 400 • West Des Moines, IA 50265

Iowa Emergency Medical Services Memorial

APPLICATION FOR NAME PLACEMENT ON

MEMORIAL Criteria (please check appropriate box)

- **Line of duty death** (The individual was killed in the performance of his or her EMS duties.) (NO FEE)
- **National/State/Local Recognition** (The provider had a significant impact on EMS in their community, spent at least 10 years providing EMS, or died while an active member of a department.) (\$125.00)

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Please print name of deceased to be recognized

Family Contact Information:

Name: _____ Relationship to decedent: _____

Address: _____

Phone Number _____ Email _____

EMS Service Contact Information:

Service Name: _____ Contact _____

Address: _____

Phone Number _____ Email _____

Please provide the following with your application

- Short biography of decedent
- Years of EMS Service
- Photo of individual
- Applicable fee

RETURN COMPLETED FORM TO IEMSA OFFICE