



*State of Missouri*  
EMS Memorial Foundation

## Wall of Honor Application

The Wall of Honor is for those that gave the ultimate sacrifice in the Line of Duty. Please complete this form and send to the address at the end of this application so we can honor their memory.

**Please print as much information as possible**

Deceased Name: \_\_\_\_\_  
First Middle Initial Last

Next of Kin: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Department served by the deceased: \_\_\_\_\_

Rank in Department: \_\_\_\_\_

Department Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_

Report of Circumstances of Death:

Deceased length of service: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Department name as it will appear on the wall: \_\_\_\_\_  
30 characters max

Honorees name as it will appear on the wall: \_\_\_\_\_  
\_\_\_\_\_

Biography: The biography should included date of birth, location, last residence, family members-i.e, mother, father, siblings, spouse, children and grandparents. Please add any military service, any other services that they worked for, and hobbies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send complete form to:  
  
George Wright, 610 E. Walnut, Shelbina, Mo. 63468  
  
660-415-7990 E-mail: gwright000@gmail.com