



NEW JERSEY STATE FMBA 2020 ANNUAL MEMORIAL SERVICE

THE 2020 ANNUAL MEMORIAL SERVICE WILL BE TAKING PLACE ON
TUESDAY, SEPTEMBER, 15, 2020 AT THE NJ FMBA ANNUAL CONVENTION IN ATLANTIC CITY.

PLEASE LIST IN THE AREA BELOW ALL OF THE MEMBERS OF YOUR LOCAL WHO HAVE DIED (LINE OF DUTY,
ACTIVE OR RETIRED) BETWEEN SEPTEMBER 2019 AND SEPTEMBER 2020.
PLEASE INDICATE IF DEATH WAS COVID-19 RELATED.

IN ADDITION, THIS YEARS SERVICE WILL ALSO REMEMBER NJ FMBA FAMILY MEMBERS
WHO HAVE DIED DUE TO COVID-19 COMPLICATIONS.
THOSE INDIVIDUALS CAN BE LISTED ON PAGE 2.

LOCAL NAME: _____ LOCAL NUMBER: _____
CONTACT NAME: _____ CONTACT TITLE: _____
CONTACT PHONE: _____ CONTACT EMAIL: _____

NAME	STATUS	COVID -19 RELATED	YEARS ACTIVE	YEARS RETIRED
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
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	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
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	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		
	<input type="checkbox"/> LODD <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	<input type="checkbox"/>		

IF NECESSARY, USE MULTIPLE COPIES OF THIS FORM.

PLEASE SUBMIT YOUR FORM **NO LATER THAN MONDAY, SEPTEMBER 7, 2020** TO

MIKE JACKSON VIA:
EMAIL: riggs1976@aol.com
FAX: 732-499-9633
MAIL: 630 ERCAMA STREET
LINDEN, NJ 07035

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM OR THE MEMORIAL SERVICE,
PLEASE CONTACT MIKE JACKSON AT 908-494-0424 OR riggs1976@aol.com



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NJ FMBA FAMILY MEMBERS

PLEASE INCLUDE THE LOCAL MEMBER'S NAME AND RELATIONSHIP TO DECEDANT
(FATHER, MOTHER, HUSBAND, WIFE, SON, DAUGHTER, IN-LAWS MAY ALSO BE INCLUDED)

LOCAL NAME: _____ LOCAL NUMBER: _____
CONTACT NAME: _____ CONTACT TITLE: _____
CONTACT PHONE: _____ CONTACT EMAIL: _____

NAME	LOCAL MEMBER'S NAME	RELATIONSHIP TO MEMBER

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