

THE PREPLAN
FOR THE FIREFIGHTER'S FAMILY
IN THE EVENT OF DEATH



Name

Provided by:
CALIFORNIA STATE FIREFIGHTERS' ASSOCIATION, INC.

1232 Q street, 2nd floor

Sacramento, CA 95811

(800) 451-2732

web page: www.csfa.csfa.net

e-mail: csfa@csfa.net

TABLE OF CONTENTS

Introduction	2
Vital Statistics	3
Family Members	5
People Who Can Help	7
Religious Preference	8
Military Service	8
Professional, Fraternal, & Religious Organizations	8
Document Location	9
Insurance Information	10
Safe Deposit Box	11
Interests in Real Estate	12
Definitions of Types of Property	13
Financial Profile	14
Personal Debts	15
Disability and Death Benefits	16
Public Safety Officers' Benefits (PSOB)	21
Initiating a Claim Under PSOB	23
Funeral Services	24
Funeral Arrangements	
Wills & Trusts	26
A Firefighter's Prayer	33



INTRODUCTION

It is never pleasant to anticipate the inevitable, but it is a wise person who does. We of the “fire service” are employed in this nation’s most hazardous profession. Therefore, we strongly urge you to take the time and effort to complete this Preplan booklet with your spouse NOW! Once completed, inform your loved ones that it exists, where it will be kept, and then update it periodically.

Upon the event of your death, you will have provided your family with specific information about your financial affairs, assets, obligations, etc., and perhaps most importantly, your personal wishes and desires. Preplanning now will ease the burden of organizing your estate and following your wishes. This will be of great value to your loved ones, as well as those of us who are requested to assist your family at this difficult time.

YOUR C.S.F.A. BOARD RECOMMENDS THAT YOU:

1. Review and update this Preplan at least once a year.
2. Keep this Preplan booklet in a semi-private place where it is readily available. NOT IN A SAFE DEPOSIT BOX!
3. Place a sealed copy in your fire department personnel file, to be opened only in the event of your death, if permitted.
4. Complete only that which pertains to you.
5. Have a will prepared by a competent attorney at your earliest convenience. This document is not a substitute for your will.
6. Keep your CSFA Membership Current

VITAL STATISTICS

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP) (COUNTY)

TELEPHONE #: () _____ () _____
(HOME) (WORK)

BIRTH PLACE: _____ AGE: _____

BIRTH DATE: _____ IN STATE SINCE: _____ COUNTY: _____

SOCIAL SECURITY #: _____

LOCATION OF BIRTH CERT. OR CITIZENSHIP PAPERS: _____

SPOUSE'S NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP) (COUNTY)

MAIDEN NAME: _____ AGE: _____

MARRIAGE PLACE: _____ DATE: _____

MARRIAGE CERTIFICATE LOCATION: _____

PREVIOUS SPOUSE #1: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP) (COUNTY)

() LIVING () DECEASED MARRIED FROM: _____ TO _____

VITAL STATISTICS (CONT.)

PREVIOUS SPOUSE #2: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP) (COUNTY)

() LIVING () DECEASED MARRIED FROM: _____ TO _____

PREVIOUS SPOUSE #3: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP) (COUNTY)

() LIVING () DECEASED MARRIED FROM: _____ TO _____

EMPLOYER: _____

ADDRESS: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP)

TELEPHONE #: () _____

DATE HIRED: _____ POSITION: _____

SUPERVISOR: _____

PAST EMPLOYER: _____

ADDRESS: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP)

TELEPHONE #: () _____

POSITION HELD: _____ EMPLOYED FROM: _____ TO _____

FAMILY MEMBERS

FATHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

DATE OF BIRTH: _____ PLACE: _____

MOTHER'S NAME: _____

MAIDEN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

DATE OF BIRTH: _____ PLACE: _____

RELATIONSHIP: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

DATE OF BIRTH: _____ PLACE: _____

RELATIONSHIP: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

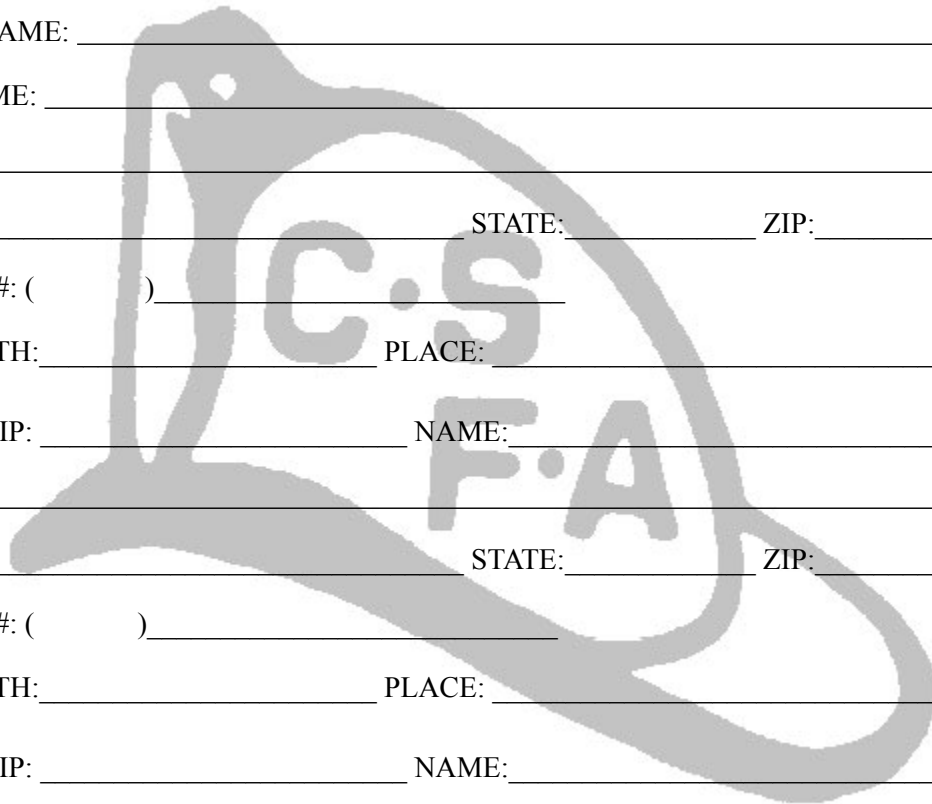
DATE OF BIRTH: _____ PLACE: _____

RELATIONSHIP: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____



DATE OF BIRTH: _____ PLACE: _____

FAMILY MEMBERS (CONT.)

RELATIONSHIP: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

DATE OF BIRTH: _____ PLACE: _____

RELATIONSHIP: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

DATE OF BIRTH: _____ PLACE: _____

RELATIONSHIP: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

DATE OF BIRTH: _____ PLACE: _____

RELATIONSHIP: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

DATE OF BIRTH: _____ PLACE: _____

RELATIONSHIP: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

DATE OF BIRTH: _____ PLACE: _____

PEOPLE WHO CAN HELP

C.S.F.A. REPRESENTATIVE: _____

TELEPHONE # : () _____

LOCAL ASSOCIATION OR UNION REP.: _____

TELEPHONE # : () _____

ATTORNEY: _____

TELEPHONE # : () _____

CLERGY: _____

TELEPHONE # : () _____

SUPERVISOR OR EMPLOYER: _____

TELEPHONE # : () _____

ESTATE EXECUTOR: _____

TELEPHONE # : () _____

ACCCOUNTANT: _____

TELEPHONE # : () _____

INSURANCE AGENT: _____

TELEPHONE # : () _____

PHYSICIAN: _____

TELEPHONE # : () _____

** OTHERS **

_____ TELEPHONE # () _____

_____ TELEPHONE # () _____

_____ TELEPHONE # () _____

_____ TELEPHONE # () _____

_____ TELEPHONE # () _____

_____ TELEPHONE # () _____

_____ TELEPHONE # () _____

_____ TELEPHONE # () _____

_____ TELEPHONE # () _____

RELIGIOUS PREFERENCE

I AM A MEMBER OF THE _____ CHURCH.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

CLERGY: _____

MILITARY SERVICE

BRANCH OF SERVICE: _____ RANK: _____

DATE OF ENTRY: _____ DATE OF DISCHARGE: _____

SERVICE #: _____ "C" #: _____

WAR VETERAN < YES > < NO > IF SO, WHICH WAR: _____

TYPE OF DISCHARGE: _____

LOCATION OF DISCHARGE PAPERS (DD-214): _____

PROFESSIONAL, FRATERNAL AND RELIGIOUS ORGANIZATIONS (INCLUDE MEMBERSHIP NUMBER)

1. _____ #: _____

2. _____ #: _____

3. _____ #: _____

4. _____ #: _____

5. _____ #: _____

6. _____ #: _____

8. _____ #: _____

9. _____ #: _____

10. _____ #: _____

11. _____ #: _____

DOCUMENT LOCATION

BIRTH CERTIFICATE: _____

MARRIAGE CERTIFICATE: _____

WILL: _____

DIVORCE DECREE: _____

ADOPTION PAPERS: _____

TAX INFORMATION & RETURNS: _____

INSURANCE POLICIES:

1. _____

2. _____

3. _____

4. _____

5. _____

TRUST DEEDS:

1. _____

2. _____

3. _____

MUTAL FUNDS:

1. _____

2. _____

3. _____

STOCKS & BONDS:

1. _____

2. _____

3. _____

4. _____

5. _____

TRUST FUND: _____

PINK SLIPS: _____

RETIREMENT PAPERS: _____

PLOT DEEDS: _____

SAVINGS BOOKS: _____

OTHER IMPORTANT DOCUMENTS: _____

INSURANCE INFORMATION
(MEDICAL, LIFE, DISABILITY, AUTO, HOMEOWNERS)

COMPANY: _____

ADDRESS: _____

TYPE OF INSURANCE: _____

POLICY NUMBER: _____

BENEFICIARY: _____

AGENT'S NAME: _____ PHONE #: () _____

COMPANY: _____

ADDRESS: _____

TYPE OF INSURANCE: _____

POLICY NUMBER: _____

BENEFICIARY: _____

AGENT'S NAME: _____ PHONE #: () _____

COMPANY: _____

ADDRESS: _____

TYPE OF INSURANCE: _____

POLICY NUMBER: _____

BENEFICIARY: _____

AGENT'S NAME: _____ PHONE #: () _____

COMPANY: _____

ADDRESS: _____

TYPE OF INSURANCE: _____

POLICY NUMBER: _____

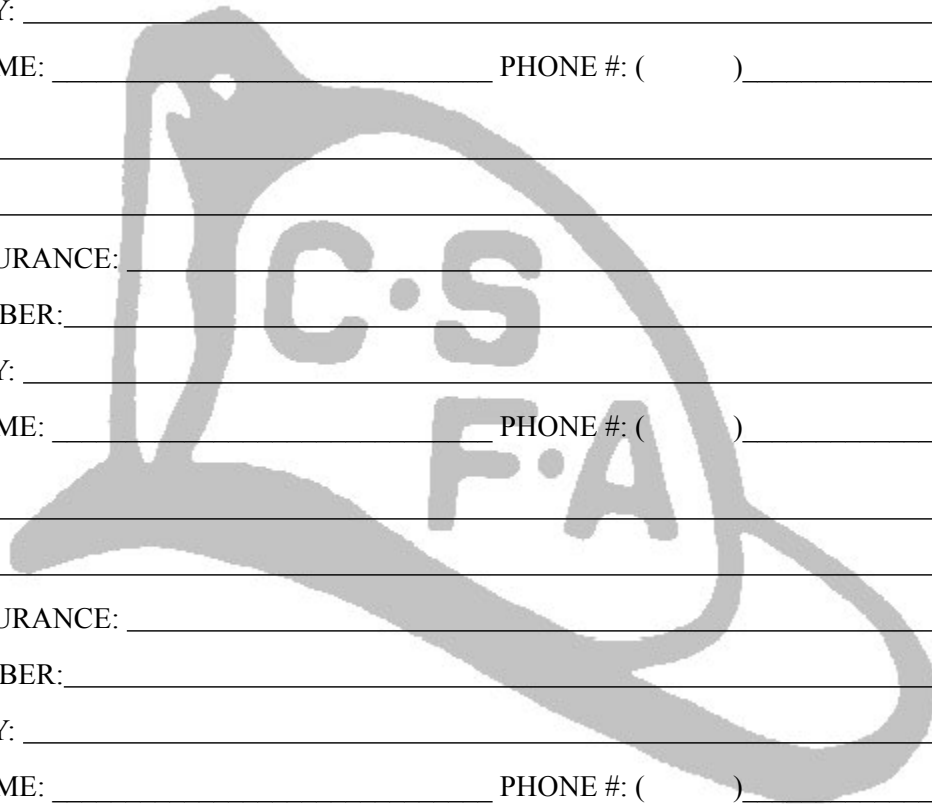
BENEFICIARY: _____

AGENT'S NAME: _____ PHONE #: () _____

COMPANY: _____

ADDRESS: _____

TYPE OF INSURANCE: _____



POLICY NUMBER: _____

BENEFICIARY: _____

AGENT'S NAME: _____ PHONE #: () _____

SAFE DEPOSIT BOX

Some important records, papers and documents cannot be replaced if lost or destroyed. A safe deposit box is a good means of protection. However, CERTIFIED copies should be made and kept in the home or another safe and accessible place.

SAFE DEPOSIT BOX LOCATION: _____

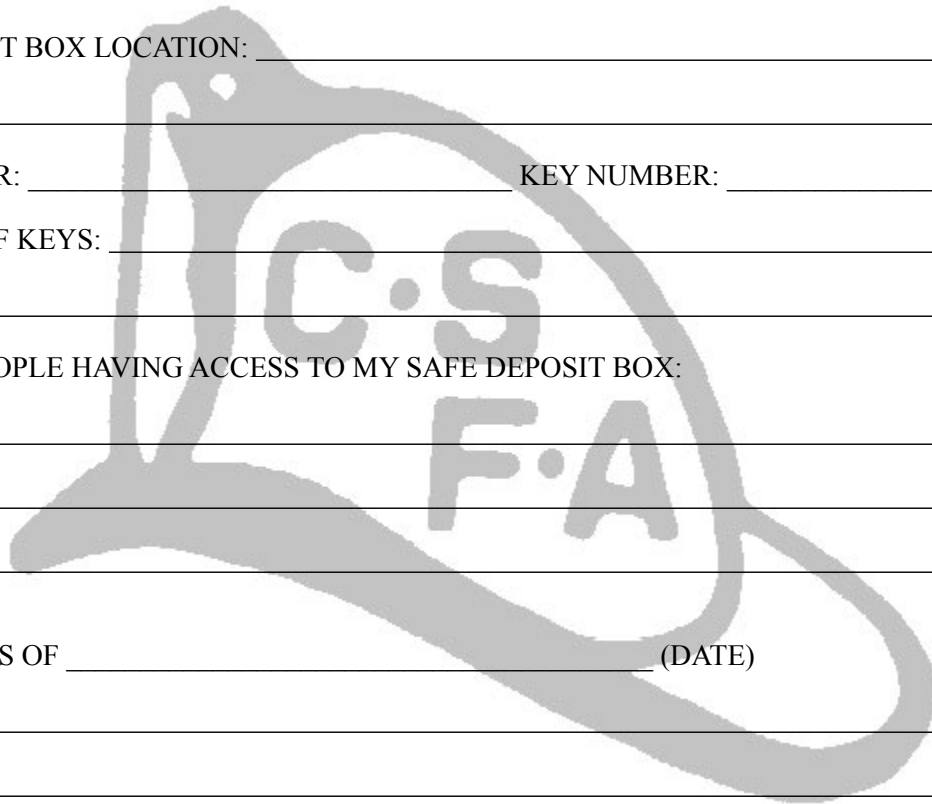
BOX NUMBER: _____ KEY NUMBER: _____

LOCATION OF KEYS: _____

NAME OF PEOPLE HAVING ACCESS TO MY SAFE DEPOSIT BOX:

- 1. _____
- 2. _____
- 3. _____

CONTENTS AS OF _____ (DATE)



INTERESTS IN REAL ESTATE

DESCRIPTION: _____

LOCATION: _____

MORTGAGED WITH: _____

CO-OWNER(S): _____

DESCRIPTION: _____

LOCATION: _____

MORTGAGED WITH: _____

CO-OWNER(S): _____

DESCRIPTION: _____

LOCATION: _____

MORTGAGED WITH: _____

CO-OWNER(S): _____

DESCRIPTION: _____

LOCATION: _____

MORTGAGED WITH: _____

CO-OWNER(S): _____

DESCRIPTION: _____

LOCATION: _____

MORTGAGED WITH: _____

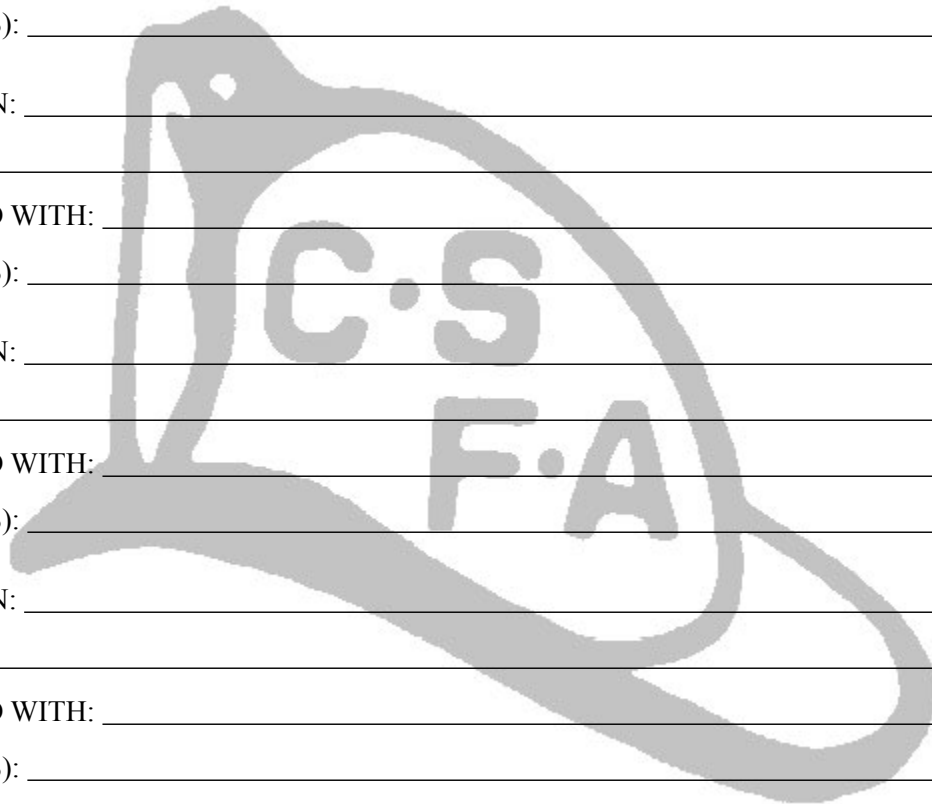
CO-OWNER(S): _____

DESCRIPTION: _____

LOCATION: _____

MORTGAGED WITH: _____

CO-OWNER(S): _____



DESCRIPTION: _____

LOCATION: _____

MORTGAGED WITH: _____

CO-OWNER(S): _____

FINANCIAL PROFILE

(LIST CHECKING, SAVINGS, SECURITIES, BONDS, TRUST, ETC.)

BANK NAME: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

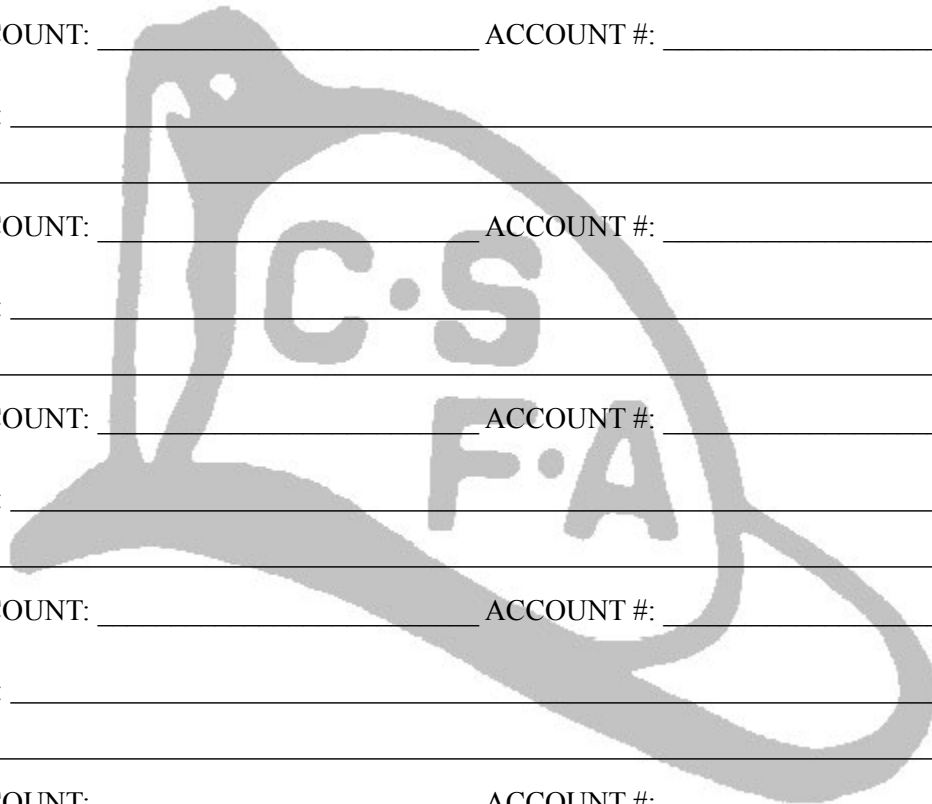
BANK NAME: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____

ADDRESS: _____



TYPE OF ACCOUNT: _____ ACCOUNT #: _____

BANK NAME: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

PERSONAL DEBTS

(LOANS, CREDIT CARDS, REVOLVING CREDIT, ETC.)

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

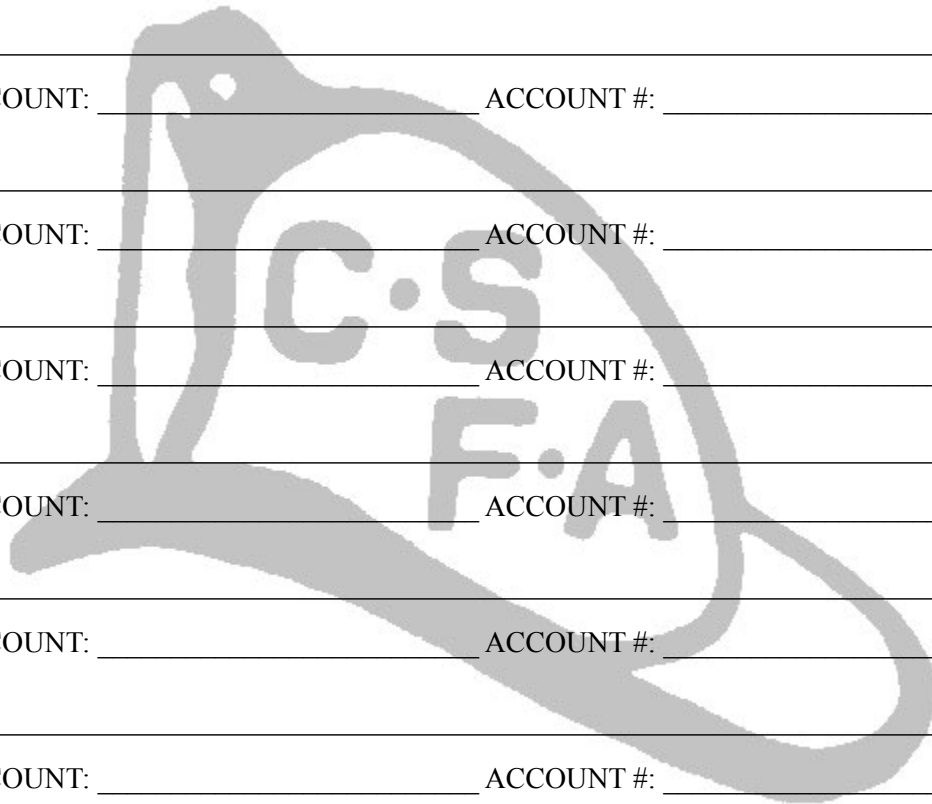
TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____



COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

COMPANY: _____

TYPE OF ACCOUNT: _____ ACCOUNT #: _____

DISABILITY AND DEATH BENEFITS

On the next few pages we are providing a partial list of benefits to which you, your spouse and/or designated beneficiaries may be entitled. There is space available to add any benefits that you may have from your job or private carrier. Remember that usually all benefits must be filed for and are not automatic. Many thousands of dollars in benefits are lost each year because the beneficiaries are not aware of a benefit or did not file for it.

When filing for benefits, contact your local representative, C.S.F.A. representative, and/or lawyer to assist you in taking all the proper steps and filing for all entitlements.

As fire service personnel our employer must provide you with workers' compensation whether they contract with a state agency or are self-insured. This is a very complicated process and we recommend that you contact legal assistance as soon as possible. Below are the workers' compensation / retirement attorneys recommended by C.S.F.A.

DO NOT GIVE OR SIGN STATEMENTS ABOUT AN INJURY WITHOUT LEGAL COUNSEL!

Linda Brown
San Rafael
(415) 925-9212

Robert J. Sherwin
Woodland Hills
(818) 703-6000

Scott O'Mara
San Diego/Riverside
(619) 583-1199
(951) 276-1199

Richard Elder
Concord
(925) 676-7991

Lawrence Whiting
Santa Ana/Inland Empire
(714) 866-0714

Procedures to follow in case of injury:

1. Prepare and file all proper reports with your employer as soon as possible after the injury even if there was no medical attention or time off.

2. Keep a copy of all reports and statements for your own files.
3. Contact your local and your C.S.F.A. representative or attorney if you need to file a claim.
4. Use caution when discussing the specifics of the injury with anyone without consulting legal advice. Be as brief as possible with your statements.
5. Be sure that all injuries are noted in daily journals/exposure report.
6. Keep notes as to the events surrounding the incident (i.e. dates, expenditures, etc.).
7. For claim forms and filing procedures please contact your closest Risk Strategies office (866-352-1658)

DISABILITY AND DEATH BENEFITS (CONT.)

IF JOB RELATED:

If disabled due to job related injury or disease, your employer, if a county or local agency, is required to provide you with up to one full year of salary for each injury (Labor Code Section 4850). During the year, the employer may opt to retire you on a disability when your condition stabilizes, or you may be returned to work when cleared by a physician. If retired on disability, you may use such accumulated sick leave, vacation, or comp time as local rules provide.

You may also be entitled to:

- Workers' compensation settlement
- Long term disability (from employer, CSFA, or private)
- Accidental death & dismemberment (same)
- PERS (retirement or death benefit allowance)
- Retraining by employer
- Federal death benefits
- Benefits from outside party responsible for disability
- Social Security benefits

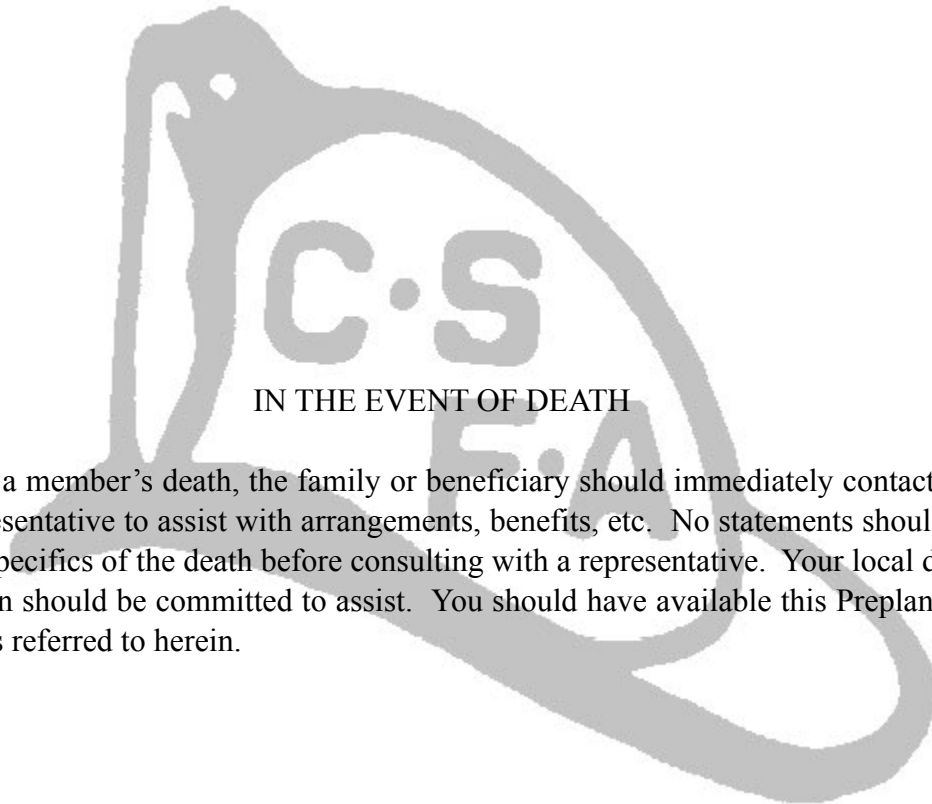
Volunteer firefighters, disabled or killed as a result of a job related injury or disease, will be entitled to some but not all of above benefits.

IF NON-JOB RELATED:

If disabled off the job, you may use your sick leave, vacation, and comp time.

You may also be entitled to:

- PERS ordinary disability retirement or balance of condition
- Long term disability (from employer, CSFA, or private)
- Accidental death & dismemberment (same)



IN THE EVENT OF DEATH

In the case of a member's death, the family or beneficiary should immediately contact a local or C.S.F.A. representative to assist with arrangements, benefits, etc. No statements should be given out as to the specifics of the death before consulting with a representative. Your local department or organization should be committed to assist. You should have available this Preplan and all of the documents referred to herein.

DISABILITY AND DEATH BENEFITS (CONT.)

DEATH BENEFITS

The following is a list of the possible death benefits available to qualified personnel.



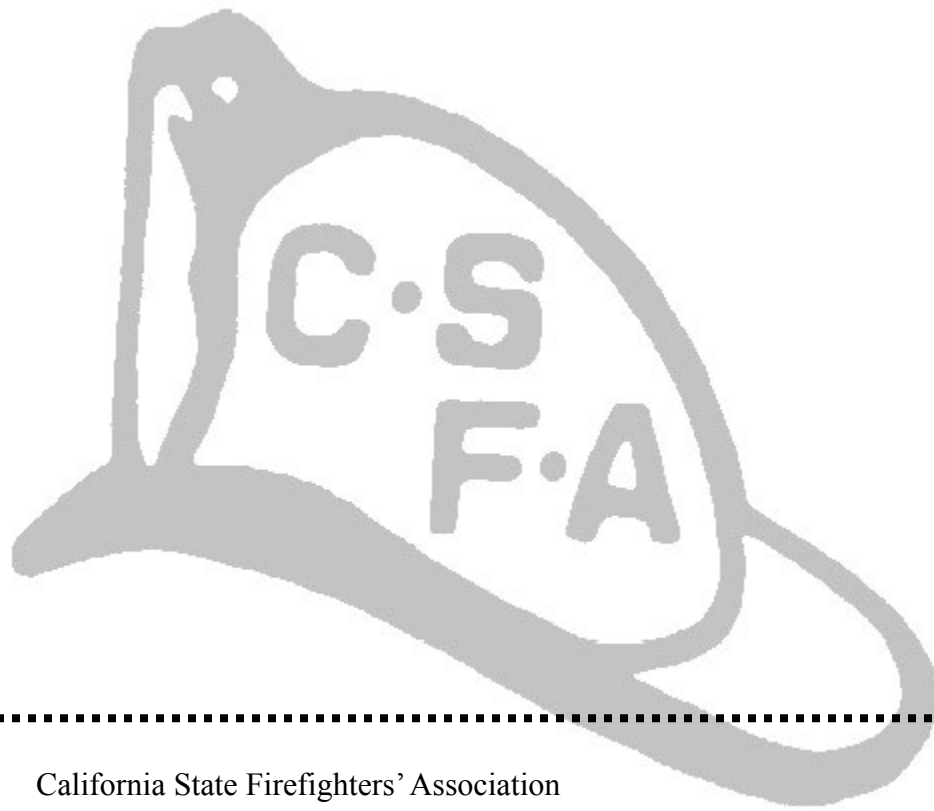
AGENCY: State Workers' Compensation – Check with your Human Resource Department

SUMMARY: Insurance provided by your employer through a state agency or self-insured that is required by state law. This benefit is often coordinated with the PERS benefits.

AGENCY: Public Employees' Retirement System (PERS)
P.O. Box 942711
Sacramento, CA 94229
(916) 326-3000

SUMMARY: Retirement system that is funded by contributions by employees and employers.
Most common system used by firefighters.

BENEFITS: Go to website <https://www.calpers.ca.gov/page/life-events/injury-disability>



AGENCY: California State Firefighters' Association
1232 Q Street, 2nd floor
Sacramento, CA 95811
(800) 451-2732
web page: www.csfa.csfa.net
e-mail: csfa@csfa.net

SUMMARY: Account set aside in C.S.F.A. budget for off duty accidental death policy.

BENEFITS: \$10,000 *Off-Duty Accidental Death* benefit (to age 70) – Active and Retired Members only.

AGENCY: Social Security Administration <https://www.ssa.gov>

AGENCY: Veterans Administration <https://www.va.gov>

PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM (PSOB)

The Public Safety Officers' Benefit (PSOB) program is designed to provide a benefit from the Department of Justice to those public safety officers who die or suffer a catastrophic injury in the "line of duty". This program was passed by the 94th Congress (HR 366) in 1976 to amend the Omnibus Crime Control & Safe Streets Act of 1968.

PUBLIC LAW 94-430

As of October 2017, all PSOB application and claims are now filed via the online claims portal. If you are filing a new application, please visit the Benefits page or [Click Here](#) to view a video on how to file for PSOB Benefits. If you are following up on a pending claim filed prior to October 10th, 2017, please contact the PSOB Office at AskPSOB@usdoj.gov or 1-888-744-6513 for information on how to access your claim.

FUNERAL SERVICES

PREPARATORY CONSIDERATIONS:

There are certain items that should be considered before a tragic event occurs. The following items are those that can be established during day-to-day business and will eliminate much of the confusion and emotional trauma in the event a tragedy strikes. We wholeheartedly suggest that each item be weighed and adopted where appropriate by individual fire departments.

1. A current photograph of each member of the department is advisable. This may be contained in each person's file and will be needed for news releases.

2. Each employee should have his/her personnel file periodically updated to include a historical profile of his/her career and personal accomplishments. This may include:
 - Career profile
 - Educational background
 - Professional / personal affiliations
 - Promotions
 - Personal accomplishments
 - Family profile

3. Contacts should be made with local funeral directors so that they understand that a local funeral protocol for the fire department exists and what it is.

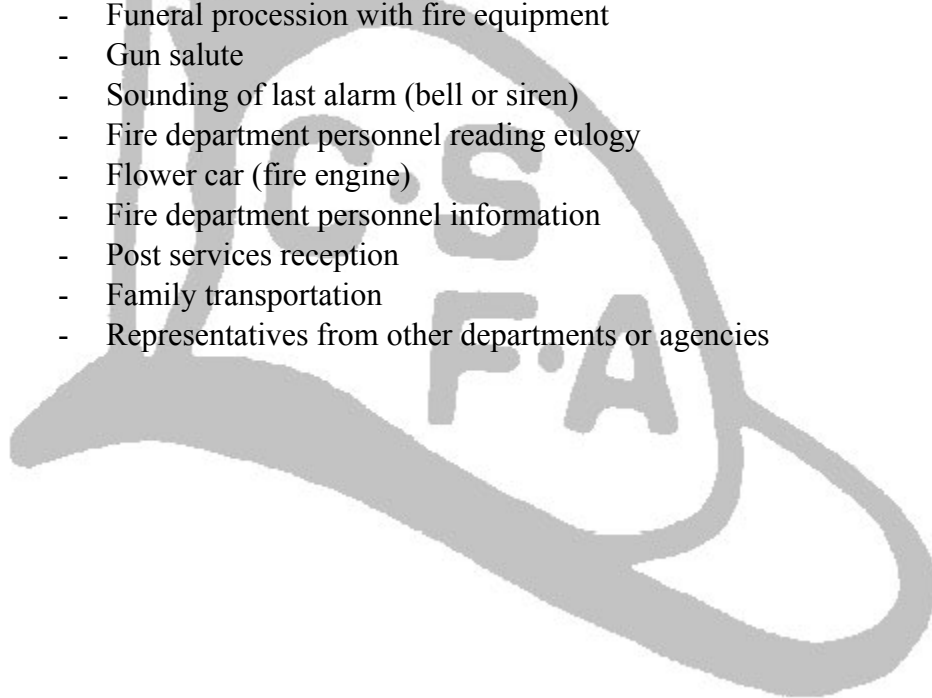
4. Local florists should be aware of some of the special floral arrangements that may be called for when a firefighter dies. Some examples of special arrangements are:
 - Maltese cross
 - Fire department patch
 - Fire department bell
 - Fire department badge
 - Broken rung ladder
 - Crossed axes

5. Each department should appoint a Family Liaison Officer who can coordinate all necessary details between the fire department and the family. This liaison can also assist with any requirements through the department agency. Some of the items to be considered are:
 - Final paychecks
 - Workers' compensation
 - Vacation/holiday time
 - Clothing allowance
 - Retirement benefits
 - Widows / orphans benefits
 - Counseling assistance
 - Dept. / agency insurance agencies
 - Social Security benefits
 - Sick leave
 - Educational benefits
 - Association / union benefits
 - Medical plans
 - Returning of F.D. equipment

FUNERAL SERVICES (CONT.)

Often times the member, family and/or fire department requests that a “firefighter’s” funeral be arranged. This type of funeral service varies depending on the department. The Family Liaison Officer should make any guidelines available to the family and assist with its implementation if applied. All or part of the service may be used. If no guidelines are used in a department, some or all of the following may be considered.

- Fire department honor guards
- Department personnel as pallbearers
- Fire department chaplain
- Funeral procession with fire equipment
- Gun salute
- Sounding of last alarm (bell or siren)
- Fire department personnel reading eulogy
- Flower car (fire engine)
- Fire department personnel information
- Post services reception
- Family transportation
- Representatives from other departments or agencies



FUNERAL ARRANGEMENTS

I HAVE MADE OR WOULD LIKE TO ARRANGEMENTS MADE WITH:
(NAME OF MORTUARY, CREMATORY, ETC.)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

PERSON IN CHARGE OF ARRANGEMENTS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

MY CEMETERY PLOT IS AT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

MY CEMETERY DEED IS IN THE NAME OF: _____

SECTION: _____ LOT: _____ BLOCK: _____ PLOT: _____

THE PLOT IS PAID IN FULL: () YES () NO

CEMETERY DEED LOCATION: _____

I WISH TO HAVE: (CHECK ALL THAT APPLY)

() TRADITIONAL BURIAL

TYPE OF COFFIN: _____

OPEN CASKET: () YES () NO CRYPT () VAULT ()

() CREMATION

DISPOSITION OF THE ASHES: _____

OTHER: _____

FUNERAL ARRANGEMENTS (CONT.)

I BELONG TO (LODGE/ORGANIZATION): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: () _____

I WISH TO HAVE A SPECIAL SERVICE FROM THEM: () YES () NO

I WOULD LIKE MEMORIAL CONTRIBUTIONS IN MY NAME SENT TO:

I WOULD LIKE THE FOLLOWING AT MY FUNERAL:

() VOCALS : () MALE () FEMALE NAME: _____

VOCAL SELECTIONS: _____

() ORGAN MUSIC:

ORGAN SELECTIONS: _____

() HYMNS:

HYMN SELECTIONS: _____

() FLOWERS:

TYPE OF ARRANGEMENTS: _____

CLOTHING INSTRUCTIONS: _____

OTHER INSTRUCTIONS: _____



Wills & Trusts

We strongly suggest that you contact your attorney or someone who specializes in Wills, Living Wills and Trusts. Please check “The California Fire Service Magazine” for a list of vendors we recommend to do this work, Goyette & Associates (888)993-1600. Please see the page in the magazine entitled “CSFA Board of Directors, Committees and Services”

A FIREFIGHTER'S PRAYER

We call upon you for strength and guidance.

Look kindly upon us in our needs.

Teach us to look always to you for assistance, as our fellow citizens look to us.

Give us courage, that we may impart courage to others.

Make us studious, and give us pride and joy in our work.

When the gong sounds, calling us to duty, give us speed and efficiency.

As our siren wails, ride with us through the city streets, shielding us from danger.

On the fire scene, may our officers and men always work as an honorable, courageous, and victorious team.

Walk with us through the terror of flame and explosion.

May our hearts be always ready if we should be summoned before our Eternal Chief in the midst of our labors.

Through our ministrations to our suffering fellowmen, we dedicate our lives humbly to your praise and glory.

In joy or sorrow, we ask only that You may be pleased with our service, that when the Last Alarm shall have sounded for us, we may receive our eternal assignment with you.

AMEN

- Author Unknown

