Memorial to Public Works Employees

Who Have Died in the Course of Performing Public Duties

Application to Request a Deceased Public Works Employee Be Added to the Memorial - RSA 4:9-i

Main Criteria

Place of Employment – This must be a municipality, a county, or the state.

Main Job Function - Working in a public works capacity including but not limited to highway department, water and sewer, grounds workers, bridge maintenance, etc.

Cause of Death - Accidental as determined by a recognized Workers Compensation Insurance Carrier.

Deceased Public Worker Information

Name of Deceased
First Middle Initial Last

Employer at Time of Incident: ________________________________________________

Name of Person or Family Member Requesting the Deceased Person Above Be Considered:
First Middle Initial Last

What is your relationship to the deceased? __________________________________________

Home Phone: _____________________ Cell Phone: ________________________________

Mailing Address: ________________________________ Street City/Town State Zip

Email Address: ________________________________

Do you wish to correspond using the above email address? Yes No

Incident Description

Date of Incident (If exact date is not known, approximate): ____________________________
Description of Incident (Please attach additional pages if necessary):
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Additional Commentary: Please provide any additional information you would like us to know about the person you are nominating. Attach additional pages if necessary.
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

CERTIFICATION

I hereby certify that the above is a true statement of my recollection of the incident, which involved the above named person who died in the course of performing public works duties, and I would like to nominate their name to be on this memorial as per RSA 4:9-i.

Date: _______________  Signed: ___________________ ______________________________________

Special Note: All names to be added to the monument shall be approved by the voting members of the RSA 4:9-i Public Works Memorial Committee.

Mail Completed Applications to:
Memorial to Public Workers - c/o The Commissioner’s Office
NH Department of Transportation - PO Box 483, Concord NH 03302-0483
Direct Questions to: NHDOT Bureau of Highway Maintenance (603) 271-2693

DO NOT WRITE BELOW THIS LINE

Application Number: _______________  Date Nomination Filed: ______________________________

Date of Review: _______________  Date of Decision: ______________________________