



Newfoundland and Labrador Teachers' Association

## Retired Teachers' Foundation

# Book of Remembrance Form

Name: \_\_\_\_\_  
*(Include middle name if applicable)* *(Include maiden name if applicable)*

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Enter MM/DD/YY)*

Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communities and Schools taught in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Retirement: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Other pertinent information (Community activities, hobbies, awards or honours received, travels, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please enclose a photograph, if possible.  YES, photo enclosed.  NO, I do not have a photo.

Name of person submitting the above information: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Enter MM/DD/YY)*

**Send to: Chair, Retired Teachers' Foundation  
3 Kenmount Road St. John's NL A1B 1W1**