



The following items must be submitted with this completed form:

- Written consent from immediate family member of victim
- Copy of Washington State Patrol's Collision Report or a Collision Report Number if full report is not available

Each name added to the sign will require its own application.

<b>Section I: Applicant Information</b>						
Applicant Name		Applicant Email		Applicant Phone Number		
Address			City		State	Zip Code
Relationship to Deceased			Do you have written consent if not an immediate family member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

<b>Section II: Collision Information</b>			
Name of Deceased		Date of Collision	WSP Report Number
State Highway of Collision	Approximate Milepost, GPS Coordinates, or Approximate Address		
Nearest Cross Streets		County	Nearest City/Town

<b>Section III: Sign Information</b>
Please Choose from the Following Safety Messages:
<input type="checkbox"/> Please Don't Drink and Drive <input type="checkbox"/> Please Don't Drug and Drive <input type="checkbox"/> Please Drive Sober <input type="checkbox"/> Please Drive Safely <input type="checkbox"/> Please Ride Safely <input type="checkbox"/> Please Watch for Motorcycles <input type="checkbox"/> Please Watch for Pedestrians <input type="checkbox"/> Please Watch for Bicycles <input type="checkbox"/> Seat Belts Saves Lives <input type="checkbox"/> Stay Alert Drive Safe <input type="checkbox"/> Please Don't Speed <input type="checkbox"/> Reckless Driving Costs Lives
Please write the name as it will be seen on the Supplemental Sign Message:
In Memory Of:

**Instructions to Applicant:**

In order to be considered, the collision must have occurred on a Washington State Highway and have occurred within six years of the application date.

This application must be completed and submitted to the Washington State Department of Transportation along with written consent from immediate family member (if not an immediate family member), a copy of the Washington State Patrol's Collision Report. If the collision report is not available, a report number is sufficient.

**Section I:**

Fill in your name, address, daytime phone number, and e-mail address.

**Section II:**

List the full name of the deceased, date the collision occurred, Washington State Patrol collision report number, Washington State Highway on which the collision occurred, other location details such as approximate milepost, GPS coordinates, or approximate address, nearest intersection, county, and nearest city or town.

**Section III:**

Choose from the following list of safety messages which will be placed above the supplemental name plaque. Then write the name of the deceased how you would like it to be seen on the name plaque. This will be how it is printed on the sign and is subject to approval by the Department.

**Section IV:**

Submit the completed form and all supporting documentation to the Washington State Department of Transportation by mail to the address shown below or by email to [roadside.memorial@wsdot.wa.gov](mailto:roadside.memorial@wsdot.wa.gov).

Submit to: Washington State Department of Transportation  
Roadside Memorial Program  
PO Box 37344  
Olympia, WA 98504-7344