



**WEST VIRGINIA DEPARTMENT OF TRANSPORTATION  
DIVISION OF HIGHWAYS**

**ROADSIDE MEMORIAL SIGN APPLICATION**

Please print or type all information

**IN MEMORY OF**

Name: (Please print clearly in block letters the name as you would like it to appear on memorial)


Please select which message to be displayed on memorial sign by checking one box on the left.

	Message	Type of Crash
<input type="checkbox"/>	PLEASE DRIVE SAFELY	Standard safety message used for any fatality
<input type="checkbox"/>	PLEASE BUCKLE UP	Alternative message for fatalities where victim was not wearing seat belt
<input type="checkbox"/>	DON'T DRINK & DRIVE	Alternative message for fatalities involving alcohol and/or drugs

**CRASH INFORMATION**

Date of Crash \_\_\_\_\_ County \_\_\_\_\_

Route, Road or Street Name \_\_\_\_\_

Involved Driver's Name (if known) \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City and State \_\_\_\_\_

Zip Code \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

I certify that to the best of my knowledge the individual I am requesting to be memorialized did not commit a serious traffic offense that was determined to be proximate cause of the crash.

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Signature of Applicant

**NOTE:** Applicant will be required to remit a check, payable to the West Virginia Department of Transportation in the amount of \$200, once sign application is approved. Please keep West Virginia Division of Highways informed of any change of address.

Please return completed application to:

Roadside Memorial Sign Program  
WVDOH, Traffic Division  
Building 5, Rm A-550  
1900 Kanawha Blvd, E  
Charleston, West Virginia 25305-0430