This document represents a SAMPLE only – the text shown is simply provide you with a concept of the content of a memorial resolution – any text shown below is a SUGGESTION. It is not **required** to be used.

If you wish a copy of the memorial resolution sent to his family (an option, not a requirement) you **MUST** send the name and address to which the resolution is to be sent.

FORMAT AS FOLLOWS:

Margins set at 1” for top, sides and bottom

Use Arial font set at 11 points

A BLANK memorial resolution which can be modified to suit your needs will be made available to you.

**MEDICAL SOCIETY OF THE STATE OF NEW YORK**

**Memorial Resolution**

**Physician Name, MD**

**Year of Birth-Year of Death**

**Introduced by the name of your county society or district**

Whereas, it is with the deepest regret that we mourn the passing of our esteemed colleague and friend,; and

Whereas,; Dr. XX was a wonderful person and compassionate doctor; and

Whereas,; Dr. XX practiced medicine in the community for 50 years; and

Whereas,; Dr. XX gave of his time freely to the XX county medical society; and

Whereas, ; We will really miss him at our meetings; therefore be it

RESOLVED, that this House of Delegates of the Medical Society of the State of New York express its sorrow at the passing of our dear friend and esteemed colleague, and that this resolution be made part of the proceedings of the 2020 House of Delegates, with a copy of the resolution to be sent to the family of Dr. as an expression of our heartfelt sympathy and respect.