



SONS OF AMVETS NATIONAL HEADQUARTERS

1395 E. Dublin Granville Rd.
Suite #115 (614) 825-4734

DECEASED MEMBERS NOTIFICATION FORM

Columbus, OH 43229
FAX (614) 825-4735

TO BE SUBMITTED TO DEPARTMENT HEADQUARTERS IMMEDIATELY AFTER DEATH.
NON-DEPARTMENT STATES SUBMIT TO NATIONAL HEADQUARTERS.

FROM: DEPARTMENT _____ SQUADRON _____ DATE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEND TO:

Squadrons with Departments, Send 1 Copy
To Address designated By Department

Squadrons With Non-Departments, Send 1 Copy
To National Headquarters. Departments, send
1 copy to National Headquarters.

(ADDRESS ABOVE)

DECEASED MEMBER INFORMATION:

NAME _____ DATE OF DEATH _____

Address _____ City _____ State _____ Zip _____

Department _____ Squadron _____ (Check One) _____ Annual _____ Life-Member _____ Card No. _____

Next of Kin _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

SUBMITTED BY: _____ TITLE _____ PHONE _____

Address _____ City _____ State _____ Zip _____