



# 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 \_\_\_\_\_