**SONS OF AMVETS**

**NATIONAL HEADQUARTERS**

|  |  |  |
| --- | --- | --- |
| **1395 E. Dublin Granville Rd.** | **DECEASED MEMBERS NOTIFICATION FORM** | **Columbus, OH 43229** |
| **Suite #115 (614) 825-4734** |  | **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 CopyTo Address designated By Department** | **Squadrons With Non-Departments, Send 1 CopyTo National Headquarters. Departments, send1 copy to National Headquarters.** **(ADDRESS ABOVE)** |
|
| **John cerny** |
| **14 Frankel Rd, massapequa, ny 11758** |
| **j45bullet@aol.com** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **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** |
| **REVISED 08/2005** |  |