**SONS OF AMVETS**



**NATIONAL HEADQUARTERS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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 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)** | | | | | | | | | | | | | | | | | | |
|
| **John cerny** | | | | | | | | | | | | | | | |
| **14 Frankel Rd, massapequa, ny 11758** | | | | | | | | | | | | | | | |
| **j45bullet@aol.com** | | | | | | | | | | | | | | | |
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| **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** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |