



**SONS OF AMVETS  
DEPT. OF FLORIDA  
P.O. BOX 3222  
PLACIDA, FL 33946**

**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** \_\_\_\_\_

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**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** \_\_\_\_\_

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Department** \_\_\_\_\_ **Squadron** \_\_\_\_\_ **(Check One)** \_\_\_\_\_ **Annual** \_\_\_\_\_ **Life-Member** \_\_\_\_\_ **Card No.** \_\_\_\_\_

**Next of Kin** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_