



SONS OF AMVETS NATIONAL HEADQUARTERS

PO Box 1260
301- 683-4099

DECEASED MEMBERS NOTIFICATION FORM

Hyattsville, MD 20785
FAX (301) 683-3099

**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 _____