



*Mail to:*  
**Sons of AMVETS- Department of Florida**  
**P.O. Box 3222**  
**Placida, FL 33946**

## SONS OF AMVETS

### DECEASED MEMBERS NOTIFICATION FORM

**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

*Mail to:*  
**Sons of AMVETS- Department of Florida**  
**P.O. Box 3222**  
**Placida, FL 33946**

### 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 \_\_\_\_\_**