

# Obituary Report of Deceased Member

Chapter:  Filing Date:

Deceased Name:  NSSAR Number:

Address:  FLSSAR Number:

City:  State:  ZIP Code:

Date of death:  Place of death:

Cemetery:  Location:

Next of Kin  
Mr/Mrs/Ms:

Address:

City:  State:  Zip Code:

Phone Number:

## SAR Activities & Offices Held:

## Information on Public or Military Service.

Please Include a Copy Of Obituary Or Death Notice. This can be mailed or scanned and emailed as an attachment.

Submitter:

Address:

City:  State:  Zip Code:

E mail address of S ubmitter:

NOTE: Please save a copy for your Chapter Records.

Please send one copy to the FLSSAR Secretary. This can printed and mailed, or emailed as an attachment.

Please send one copy to the FLSSAR Chaplain. This can be printed and mailed, or emailed as an attachment.