



AMVETS RIDERS DEPARTMENT OF FLORIDA

DECEASED MEMBERS NOTIFICATION FORM

PO BOX 1271
BRONSON, FL 32621

TO BE SUBMITTED TO DEPARTMENT HEADQUARTERS IMMEDIATELY AFTER DEATH.

FROM: DEPARTMENT _____ CHAPTER _____ DATE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEND TO:

Chapters Send 2 Copies to the
Department of Florida

PO BOX 1271
BRONSON, FL 32621



DECEASED MEMBER INFORMATION:

NAME _____ DATE OF DEATH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHAPTER _____ (CHECK ONE) _____ ANNUAL _____ LIFE MEMBER CARD NUMBER _____

NEXT OF KIN _____ RELATIONSHIP _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SUBMITTED BY: _____ TITLE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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