



AMVETS RIDERS DEPARTMENT OF FLORIDA

DECEASED MEMBERS NOTIFICATION

TO BE SUBMITTED TO DEPARTMENT HEADQUARTERS IMMEDIATELY AFTER DEATH.

FROM: DEPARTMENT FLORIDA CHAPTER _____ DATE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEND TO:

Chapters Send 2 Copies to

AMVETS Riders Department of Florida
Kurt Knechtle, RD1V
1122 Candleberry St.
Bunnell, FL 32110

DECEASED MEMBER INFORMATION:

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 _____

