



**AMVETS Riders  
DEATH BENEFIT REQUEST**

Send form with proper documentation to:

**Riders National Secretary  
14 Reid Place  
Palm Coast, FL 32164  
ridersns3.kcox@yahoo.com**

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Deceased Member Name and Number	Chapter	Dept. or State	Date of Death
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Requestor's Name	Relationship to Deceased	Date of Request
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Mailing Address	City/State/Zip	Phone Number
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**Requests MUST be accompanied by a copy of the funeral home notice / obituary or death certificate.**

*OPTIONAL – Last Chapter Entry*

Please include date of birth, parent organization, branch of service if Rider was a Veteran, and any words of tribute you would like to share:

*Photos may be attached to this form,  
e-mailed to RNC Jeremiah Botkin at [jbotkin1@gmail.com](mailto:jbotkin1@gmail.com),  
or submitted online via <http://www.amvetsridersnational.org/last-chapter>.*

**National Approvals**

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Riders National Chaplain	Date
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Riders National President	Date
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