As members of the

65th Infantry Division Association

we express our sympathy on the passing away of a family/legacy member.

The following information should be sent no later than two months after death.

Name of Deceased:			Date of Death
	☐ Family member	☐ Legacy	member
Veteran Related to:			Veteran's Unit:
Survivor's Name:			
Street:			
City:	State:		Zip:
Relationship to Deceased:	Wife □ Son □ Daughter	☐ Other:	:
Sent By:			
Email:			Phone:
Please enclose or attach	an obituary if available. May	we publis	h the obituary? \square Yes \square No

MAIL TO:

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