

# **SACKETTES**

Honor and Fun Organization of AMVETS Ladies Auxiliary



## **DECEASED MEMBER NOTIFICATION**

Date: \_\_\_\_\_

Unit: \_\_\_\_\_ State: \_\_\_\_\_ Membership ID# \_\_\_\_\_

Deceased Sackette Name: \_\_\_\_\_ date of death \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Submitted by: \_\_\_\_\_

State: \_\_\_\_\_ Unit# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **INSTRUCTIONS:**

Make three (4) copies of this form, one (1) to National Snappier, one (1) to National Serious, one (1) to your Department (if you have one) and one for your local Unit.

Revised 8-2016