



# DECEASED MEMBER REPORT FORM

(DO NOT USE THIS FORM FOR NON-MEMBER SPOUSES)

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

Post Name: \_\_\_\_\_ Post Number \_\_\_\_\_

Name of Deceased:

\_\_\_\_\_  
(First) (Middle) (Last)

Member Number: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

ANY SPECIAL MEMORIAL SERVICE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of Next of Kin: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and title of Post Officer submitting this report Title: \_\_\_\_\_

**MAKE AND KEEP MULTIPLE COPIES FOR FUTURE REPORTS**

**FILL OUT, SCAN AND SEND ELECTRONICALLY AS A PDF.**

**to SAMS National Adjutant, your Regional Commander and Editor of *The Patriot***

**Send a copy of an obituary (if available) to the Editor of *The Patriot* to be included in the next issue under "Flowers of the Forest"**