

Vietnam Veterans of America – Buckeye State Council VVA/AVVA Deceased Member Notification

Date: _____

Deceased Member Name: _____

Deceased Member Number: _____

Please specify If VVA, AVVA Life Member: _____

VVA Chapter Number: _____

Name and Title of Chapter Official Completing Notification:

Chapter Street Address: _____

Chapter City: _____ State: _____ Zip: _____

If available, please attach a copy of the obituary from the local newspaper and remove his /her name from the roster and advise all elected and appointed officials and departments as appropriate.

Date Member Passed Away: _____

Date of Birth: _____

Place of Birth: _____

Branch of Service: _____

Dates of Service: _____ to _____

mm/dd/yy

mm/dd/yy

Cause of Death: _____

Comments or Special Requests: _____

Honorary Life Membership Card and Certificate

We extend our heartfelt sympathy to the surviving spouse of all deceased Life Members and offer a distinctive Honorary Life Membership Card and Certificate in recognition of the life-long commitment made before his/her death.

We request the distinctive Honorary Life Membership Card and Certificate for presentation to the surviving spouse. Please forward the card and certificate to the chapter official identified above.

Opt In

Next of Kin: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

The surviving spouse does not wish to receive the distinctive Honorary Life Membership Card and Certificate. Please do not prepare nor send the card and certificate.

Opt Out