

Sons of the American Revolution



Obituary Report of Deceased Member

Florida State Society

National No.: _____

Chapter: _____

FLSSAR No. _____

Filing Date _____

Full Name of Deceased: _____

Home Address _____

City _____ St _____ Zip _____ - _____

Date of Death: _____ Place of Death: _____

Cemetery: _____ Location: _____ [City, County, State]

Next of Kin

(Mr. Mrs. Ms.) _____ (Relation) _____

Address _____

City _____ St _____ Zip _____ - _____

Telephone Number: (____) ____ - ____

SAR Activities & Offices Held: _____

Information on Public or Military Service: _____

Please Attach Copy Of Obituary Or Death Notice.

Reported by:

Address

City _____ State _____ Zip

Telephone Number: (____) ____ - ____

NOTE: Please make Two (2) copies.
Send one to the FLSSAR Secretary.
Send one to the FLSSAR Chaplain.