DATE_____

# DECEASED MEMBERS

V.F.W. DEPARTMENT OF OHIO
P.O. Box 15219
Columbus, Ohio 43215-0219

POST#_____

LOCATION_____

PLEASE REPORT ALL DECEASED MEMBER ON ONE SHEET. MUST BE SIGNED BY THE QUARTERMASTER OR ADJUTANT. IF NOT SIGNED IT WILL NOT BE PUBLISHED IN THE TAPS OF THE OHIO VFW NEWS.

NAME (PRINT OR TYPE) MEMBER NUMBER

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Print Form Reset Form

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QUARTERMASTER/ADJUTANT