



National Department of Sad Sacks

Deceased Member Form

MEMBERSHIP STATUS

ANNUAL _____ OR LIFE _____

NAME OF DECEASED _____

DATE OF DEATH _____ SACK UNIT _____ DEPT. _____

ADDRESS OF DECEASED _____

CITY/STATE/ZIP _____

MEMORIAL CERTIFICATE REQUESTED YES _____ OR NO _____

SIGNATURE OF SADDEST IS REQUIRED ON CERTIFICATE

SADDEST _____

ADDRESS _____

CITY/STATE/ZIP _____

INSTRUCTIONS:

1. PLEASE TYPE ALL INFORMATION.
2. PLEASE MAKE SURE ALL INFORMATION IS CORRECT AS IT IS USED FOR OUR MEMORIAL SERVICE AND PERMANENT RECORDS.
3. MAKE OUT IN TRIPLICATE, SEND ORIGINAL TO NATIONAL DEPT., A COPY TO YOUR STATE DEPT. IF APPLICABLE, AND A COPY FOR YOUR RECORDS.

SUBMITTED BY:

SIGNATURE OF FEATHERS

DATE SENT TO NATIONAL