



**AMVETS Riders**  
**DEATH BENEFIT REQUEST**  
Send form with proper documentation  
to: **National AMVETS Riders**  
14 Reid Place, Palm Coast, FL. 32164

---

Deceased Member Name and Number      Chapter      Dept. or State      Date of Death

---

Requestor's Name      Relationship to Deceased      Date of Request

---

Mailing Address      City/State/Zip      Phone Number

**Requests MUST be accompanied by a copy of the funeral home notice / obituary or death certificate.**

*OPTIONAL – Last Chapter Entry*

Please include date of birth, parent organization, branch of service if Rider was a Veteran, and any words of tribute you would like to share:

*Photos may be attached to this form,  
e-mailed to RNC Jeremiah Botkin at [jbotkin1@gmail.com](mailto:jbotkin1@gmail.com),  
or submitted online via <http://www.amvetsridersnational.org/last-chapter>.*

**National Approvals**

---

Riders National Chaplain      Date

---

Riders National President      Date