



**AMVETS Riders
DEATH BENEFIT REQUEST**

Send form with proper documentation to:

**Riders National Secretary
14 Reid Place
Palm Coast, FL 32164
ridersns3.kcox@yahoo.com**

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,
or submitted online via <http://www.amvetsridersnational.org/last-chapter>.*

National Approvals

Riders National Chaplain Date

Riders National President Date