

Navy Seabee
of



Veterans
America

Deceased Member Reporting Form

Island: _____

NSVA Life Member # _____

Name: _____

Date of Passing

Address: _____
(Street)

(City) (State) (Zip)

_____/_____/_____
(Day) (Month) (Year)

Final Resting Place

Next of Kin

Name: _____

Name: _____

Address: _____
(Street)

(City) (State) (Zip)

Address: _____
(Street)

(City) (State) (Zip)

Offices Held

Committees Served ON

(Island Secretary)

(Island Commander)

Return this form to both your Department and National Secretaries.