

**VETERANS OF FOREIGN WARS OF THE UNITED STATES  
DEPARTMENT OF VIRGINIA**

**REPORT OF DECEASED COMRADE**

*Post No.* \_\_\_\_\_

*District No.* \_\_\_\_\_

**NAME OF COMRADE** \_\_\_\_\_

*Last*

*First*

*Middle Initial*

*Annual Membership Number* \_\_\_\_\_ *Life Membership Number* \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

*Month/Day/Year*

*Address* \_\_\_\_\_

*Street*

*City*

*State Zip*

*Signed* \_\_\_\_\_

*Date* \_\_\_\_\_

**IMMEDIATELY AFTER INTERMENT, MAIL THIS REPORT TO:**

*Department of Virginia, VFW*

*403 Lee Jackson Highway*

*Staunton, VA 24401*

*Phone: (540) 886-8112*

*FAX (866) 416-0586*

**REVISED 06/10/04**