

SONS OF UNION VETERANS OF THE CIVIL WAR  
DEPARTMENT OF MICHIGAN

**DEATH OF MEMBER NOTICE**

Please print out this form and mail it to the Department Chaplain as indicated below.

**DECEASED'S NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**DATE of: Birth -** \_\_\_\_\_

**Death -** \_\_\_\_\_

**PLACE of: Birth -** \_\_\_\_\_

**Death -** \_\_\_\_\_

**Burial -** \_\_\_\_\_

**CAMP AFFILIATION:** \_\_\_\_\_

**OFFICES HELD:** \_\_\_\_\_

**CIVIL WAR ANCESTOR NAME:** \_\_\_\_\_

**RANK & UNIT:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**OTHER MEMBERSHIPS, ACCOMPLISHMENTS, etc.:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAMP CONTACT for additional information:** \_\_\_\_\_

\_\_\_\_\_

**SEND TO:**

William B. McAfee, CHAPLAIN

DEPARTMENT OF MICHIGAN

9080 Dorado Court

Milan, MI 48160

(734) 572-3217 / thistleis@sprynet.com