



# National Department of Sad Sacks

## Deceased Member Form

Membership Status (check one)

Annual \_\_\_\_\_ Life \_\_\_\_\_

Name of Deceased JOE TRITTIPO

DATE OF DEATH \_\_\_\_\_ SACK UNIT # \_\_\_\_\_ DEPARTMENT OF \_\_\_\_\_  
ADDRESS OF THE DECEASED \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

MEMORIAL CERTIFICATE REQUESTED YES \_\_\_\_\_ NO \_\_\_\_\_

SEND TO:

NEXT OF KIN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY / STATE / ZIP \_\_\_\_\_

INSTRUCTIONS:

- (1.) PLEASE TYPE ALL INFORMATION
- (1.) MAKE SURE ALL INFORMATION IS CORRECT AS IT IS USED FOR OUR  
MEMORIAL SERVICE AND OUR PERMANENT RECORD.
- (3.) MAKE OUT IN TRIPPLICATE ORIGINAL TO NATIONAL DEPARTMENT, COPY TO  
YOUR STATE DEPARTMENT IF APPLICABLE AND A COPY FOR YOUR RECORDS

SUBMITTED BY \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF FEATHERS

\_\_\_\_\_  
DATE SENT TO NATIONAL