

SONS OF UNION VETERANS OF THE CIVIL WAR
DEPARTMENT OF MICHIGAN

DEATH NOTICE

Please print and fill-in this form, then send it to the Department Chaplain as indicated below.

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.: _____

CONTACT for additional information: _____

SEND TO:
Charles Buckhahn, CHAPLAIN
DEPARTMENT OF MICHIGAN
1109 Elmdale Dr
Saginaw, MI 48602
cbuckhahn@bethlehemsaginaw.org