



Pearl Harbor Survivors Association

Report of Death

DECEASED No: _____ (Assigned by National Secretary)

UNIT/STATION CODE: _____ MEMBERSHIP No: _____ TYPE: A _____ L _____ LQ _____

NAME _____

ADDRESS: _____ Last _____ First _____ MI _____ PHONE: _____

CITY: _____ STATE _____ ZIP CODE: _____

PHSA CHAPTER: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF DEATH: _____ SERVICES: _____

FUNERAL HOME: _____ INTERMENT: _____

MEMORIAL PLAQUE: _____ PRESENTED BY CHAPTER: YES _____ NO _____
(No cost to annual Pay Members in good standing. Dues Paid)

SEND PLAQUE TO: _____
(If not presented by Chapter)

CONDOLENCE LETTER BY CHAPTER: YES _____ NO: _____

PEARL HARBOR GRAM WANTED: YES _____ NO _____ (Continue or renew subscription @ \$6.00 PER YEAR)

FORM PREPARED BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE PREPARED: _____

REMARKS: _____

ORIGINAL REPORT TO:

**PHSA NATIONAL SECRETARY
P O BOX 1816
CARLSBAD CA 92018-1816**

COPIES TO: STATE CHAIRMAN
CHAPTER FILES

**THIS FORM SHOULD BE ACCOMPANIED BY
AN OBITUARY NOTICE IF POSSIBLE**