

## **Graves Registration Report Department of Indiana VFW**



Mail to: Larry J Patch

Department of Indiana VFW Chaplain

9034 Eiderdown Way

Indianapolis, IN 46234

Or Email report to ljpatch@mail.com

Subject: Report of	Deceased Comra	de			
Post #	_ District #	regrets to report	the death of		
(Last Name)	(Middle Initial)			(First Name)	
Whose address was	S				
Who served with _ (F	Branch of Service)				
Date of Death		_ Place of Death_			
Place of Burial Cer	netery				
Name & Address o	f next of kin				
(Mailing Address)					
Relationship	Obita	ıary Enclosed Ye	s/No		
Signed:	Nam			Date	
		(Print Name)			