



Apnea Board

Sleep Apnea patients helping one another

www.ApneaBoard.com

POSTMORTEM NOTIFICATION

Purpose: Share the news of your passing with your friends on the Apnea Board Forum

Instructions: To the Member -- fill-out this form and clip it to a pre-addressed envelope with appropriate postage (to prevent a return for insufficient postage – in the U.S., use a “Forever” stamp) to be mailed to: Apnea Board; PO Box 62; Dixon, IL 61021; USA by your designated representative.

To the Representative – PLEASE MAIL THIS FORM PER THE ABOVE INSTRUCTIONS OR SEND AN E-MAIL WITH THE FOLLOWING INFORMATION TO apneaboard@gmail.com

Screen name:	
Date of Passing:	
<input type="checkbox"/>	If this box is checked, I give my permission to share the cause of my death (if known) and especially if it related to sleep apnea. _____ Initials
Cause of Death:	

Any special words for fellow forum members?