

**Sympathy cards will be sent to the family of a deceased member when Chaplains are notified of a member's death. Please fill in the form below and mail to the appropriate Chaplains. This form can be copied.**

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AMERICAN LEGION AUXILIARY  
MEMBER'S DEATH NOTIFICATION FORM

Name of Deceased Member \_\_\_\_\_  
(First name) (Last name)

Member's Unit \_\_\_\_\_  
(Unit name) (Number) (District) (Division)

Date of Death \_\_\_\_\_ Senior \_\_\_\_\_ Junior \_\_\_\_\_ Gold Star \_\_\_\_\_ Charter Member \_\_\_\_\_

**Please advise where Sympathy Card should be sent (Next of Kin)**

Mr/Mrs/Ms \_\_\_\_\_  
(First name) (Last Name)

Relationship to Deceased \_\_\_\_\_

Complete Address \_\_\_\_\_  
(Street –Box #, or Apt#)  
\_\_\_\_\_  
(City) (State) (Zip code)

Name of chaplain submitting this form \_\_\_\_\_

Telephone # of chaplain \_\_\_\_\_

**RETURN THIS FORM/COPIES TO: Unit President, District Chaplain, Division Chaplain  
and to the Department Chaplain.**