

Sympathy cards will be sent to the family of a deceased member when I am notified of a member's death. Please fill in the form below and return it to me. Copies of this form should be copied and kept on hand. This will also assist me with the Memorial Service at Convention.

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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 \_\_\_\_ PUFL \_\_\_\_

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

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

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

Complete Address: \_\_\_\_\_  
(Street Number and Name – Box Number or apartment number)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Name of Chaplain submitting this form \_\_\_\_\_  
(First Name) (Last Name)

Telephone Number of Chaplain: \_\_\_\_\_

**Return this form to: Dept. Chaplain Tina Abdelnour 815 Van Buren St., Belvidere, IL 61008**

Copies to: Unit, District and Division Presidents