SUBJECT: CHAPLAIN

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 to me. Copies of this form should be copied and kept on hand. This will assist me with the Memorial Service at Convention.

A MEMBER DATA FORM MUST BE SENT TO DEPARTMENT HEADQUARTERS FOR THE MEMBER TO BE REMOVED FROM THE ROSTER.

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_____

- SEND COPIES OF THIS FORM TO: District Chaplain, Division Chaplain, and Department Chaplain.
  Department Chaplain: Patty Buhle, 22711 Cottage Grove Ave, Steger, IL 60475
  District and Division Chaplains: Contact District/Division Presidents or the Department Office.