

**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.***

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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 \_\_\_\_\_

**SEND COPIES OF THIS FORM TO: District Chaplain, Division Chaplain, and Department Chaplain**