

# 2018-2019

## REPORT OF DECEASED MEMBERS

**Always make extra copies of this blank form. Upon the death of a member, complete this Report and make two (2) copies:**

- 1. Copy #1 - (Original) Send immediately to Department office.**
- 2. Copy #2 - (Copy) For your file copy.**

1. UNIT NAME \_\_\_\_\_ NO. \_\_\_\_\_ DISTRICT NO. \_\_\_\_\_

2. NAME OF DECEASED MEMBER \_\_\_\_\_

3. DATE OF DEATH \_\_\_\_\_ Membership ID# \_\_\_\_\_

4. NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

State

Zip Code

5. WAS MEMBER A CHARTER MEMBER? \_\_\_\_\_ SENIOR \_\_\_\_\_ JUNIOR \_\_\_\_\_

PAST PRESIDENT \_\_\_\_\_ GOLD STAR MOTHER \_\_\_\_\_ VIM \_\_\_\_\_ Honorary Life \_\_\_\_\_

ANY SIGNIFICANT  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Tell us something about this member-offices held, chairmanships held, volunteer work done, etc.)

6. COPY OF OBITUARY ENCLOSED (yes) \_\_\_\_\_ (no) \_\_\_\_\_

Your Department Chaplain would like to send condolences to the family of Unit members who are deceased, therefore, it is important the above information be sent as soon as possible to avoid delay in contacting the family.

**Send This Form to Department Office:**

**American Legion Auxiliary  
P O Box 1730,  
Wilsonville, OR 97070**

**Or email to: [alamembership@alaoregon.org](mailto:alamembership@alaoregon.org)**

Thank you for your help.

Sincerely,

*Lori Sherman*

Department Chaplain