

2019-2020

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

Thank you for your help.

Sincerely,

Susan Guerin

Department Chaplain