

AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA

DECEASED MEMBER FORM

Unit/District # _____ / _____

Name of Deceased Member _____
(Please type or print)

Date of Death _____ Membership ID # _____

Senior Member _____ Junior Member _____ Gold Star Mother _____

1. Send one copy of this form to the Department Chaplain (See Unit Guide for address)
2. Send one copy to the District Chaplain. Ask District President for name and address
3. Have membership chairman mail Member Data Form to Headquarters marked deceased.

DO NOT MAIL THIS FORM TO DEPARTMENT HEADQUARTERS
(See back of form for address of next of kin)

Please provide an address for the next of kin:

Name of Family Member _____

Address for the family _____

City _____ State _____ Zip _____

No information is available _____