

Report of Deceased Member

UNIT CHAPLAIN: Please make copies of this form for your use. Upon the death of a member, complete this report. Send a copy of this report and a “Member Data Form” to the Department. Please add the address of Next of Kin so our condolences can be sent. Thank you

Unit Name/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_

Name of Deceased Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach copy of obituary)

Next of Kin/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was she a Charter Member: \_\_\_\_ Sr. Member: \_\_\_\_\_ Jr.Member: \_\_\_\_\_\_ Past President: \_\_\_\_\_ Gold Star Mother: \_\_\_\_\_

Significant lnformation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you will add the information for the next of kin, the Chaplain will send them a card with the Auxiliary’s condolences.

American Legion Auxiliary

Department of Utah Chaplain

PO Box 148000

Salt Lake City, UT 84114-8000