

2024-2025
REPORT OF DECEASED MEMBERS

Always make extra copies of this blank form.

Upon the death of a member, complete this Report and make a copy:

- 1. Original - Send immediately to Department office (email or mail).**
- 2. Copy – Maintain 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 A MEMBER A CHARTER MEMBER? _____ Senior _____ Junior _____

Past Dept President _____ Past Dist. President _____ PUFL _____ Gold Star Mother _____
Honorary Life Member _____

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 assistance

Sincerely,

Lori Vallery

Department Chaplain 2024-2025

