



AMVETS Ladies Auxiliary DECEASED MEMBER NOTIFICATION

Directions: Local Chaplains will make five (5) copies of this form and forward one (1) copy each to the Department Chaplain and the National Chaplain as information copies and will give the remaining three (3) copies to the Local Membership Chairman to be processed through membership.

Deceased Member's Name: _____ ID# _____

Address: _____

City: _____ State: _____ Zip: _____

Membership Status: (check one) _____ Life
_____ Annual (dues paid for _____)
_____ Honorary

Date of death: _____

Next of kin: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Submitted by: _____

Department: _____ Auxiliary Number: _____

Officer's name: _____

Address: _____

City: _____ State: _____ Zip: _____