



# AMERICAN LEGION AUXILIARY DEPARTMENT OF FLORIDA

## DECEASED MEMBER FORM FOR MEMORIAL SERVICE

Do not send this form to Department Headquarters

Unit#: \_\_\_\_\_ District #: \_\_\_\_\_

Name of Deceased Member: \_\_\_\_\_  
(Please type or print)

Date of Death: \_\_\_\_\_ Membership ID#: \_\_\_\_\_

**Please check one:**

Senior Member: \_\_\_\_\_ Junior Member: \_\_\_\_\_ Gold Star Mother: \_\_\_\_\_

**Please provide an address for the next of kin:**

Name of Family Member: \_\_\_\_\_

Address for the Family: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No information is available: \_\_\_\_\_

**Instructions:**

1. Send one copy of this form to the Department Chaplain  
Scan and Email to **Chaplain@al afl.org** **OR** U.S. Mail: **5023 Bridgeport Dr., Safety Harbor, FL 34695**
2. Send one copy to the District Chaplain. (Ask District President for name and address)

**DO NOT MAIL THIS FORM TO DEPARTMENT HEADQUARTERS**