



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@alaf1.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)
3. Have Membership Chairman mail Member Data Form to Headquarters marked "deceased".

DO NOT MAIL THIS FORM TO DEPARTMENT HEADQUARTERS