



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