



# 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**