



AMERICAN LEGION AUXILIARY DEPARTMENT OF FLORIDA
DECEASED MEMBER FORM

DO NOT MAIL 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:

Email to Chaplain@alafl.org

2. Send one copy to the District Chaplain. (Ask District President for name and address)

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