



**AMERICAN LEGION AUXILIARY**

Department of California  
401 Van Ness Avenue Room 113  
San Francisco CA 94102

**Death  
Notice**

All deaths must be reported to the Department Office  
on a **Member Data Form**.

This **DEATH NOTICE** originates from the Unit  
and is then forwarded to District Chaplain  
who mails a copy to Department Chaplain.

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

Unit Name: \_\_\_\_\_

\_\_\_\_\_  
Name of Deceased (*Please Print*) \_\_\_\_\_ Date of Death

Fill in all that apply:

<input type="checkbox"/>	# of Years in Auxiliary	<input type="checkbox"/>	Senior Member
<input type="checkbox"/>	Charter Member (Year _____ )	<input type="checkbox"/>	Junior Member
<input type="checkbox"/>	Gold Star Mother	<input type="checkbox"/>	PUFL
<input type="checkbox"/>	Membership # _____	<input type="checkbox"/>	Life Member

LIST Past Department or National Offices Held:

Next of Kin \_\_\_\_\_

Unit Chaplain's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit Chaplain Must Mail to District Chaplain**

Date Received by District Chaplain: \_\_\_\_\_

Date forwarded to Department Chaplain: \_\_\_\_\_

District Chaplain Signature: \_\_\_\_\_

**District Chaplain Must Mail to Department Chaplain**

*Alzora Carter, Department Chaplain*

*1753 W 42<sup>nd</sup> Place*

*Los Angeles CA 90062*

*(323) 299-3035*

*E-mail: aalzora@aol.com*

Unit/District Chaplains should keep a copy for their records.