



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
 forwarded to District Chaplain who mails a copy to
 Department Chaplain.

District: _____

Unit: _____

Unit Name: _____

Name of Deceased: Please Print

First	Middle	Last
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Date of Death: _____

Fill in all that applies:

<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"/> VIM
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

Chaplain 2006-2007
 Loretta Marsh
 675 Joshua St
 Nipomo CA 93444

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