



**AMVETS LADIES AUXILIARY
Department of Florida**

AMVETS Ladies Auxiliary
Department of FL
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DECEASED MEMBER NOTIFICATION

Date: _____

Department: Florida Auxiliary #: _____ Membership ID#: _____

Name of Deceased: _____

Address: _____

City: _____ State: _____ Zip: _____

Membership Status: Life Annual Honorary

Date of Death _____

Next of Kin: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Submitted by: _____ Phone: _____

Department: Florida Auxiliary #: _____ Phone: _____

Address: _____

City: _____ State: FL Zip: _____

INSTRUCTIONS:

1. The Local Chaplain will make five (5) copies of this form.
2. **Three (3) copies go to the Department Chaplain.** The Department Chaplain retains one (1) copy, sends one (1) copy to the National Chaplain, and sends one (1) copy to National Headquarters.
3. Of the remaining two (2) copies; one (1) is to be retained by the Local Membership Chairman for Local Auxiliary records, the remaining **one (1) copy is to be sent to the Department Executive Secretary.**