



**AMVETS LADIES AUXILIARY
Department of Florida**

**AMVETS Ladies Auxiliary
Department of FL**
Rebecca Coupe, Chaplain
904 Orange Blossom Ln
Seffner, FL 33584

Follow instructions below

DECEASED MEMBER NOTIFICATION

Date: _____

Department: Florida Auxiliary # _____ Membership ID#: _____

Name of Deceased: _____

Address: _____

City: _____ State: FLORIDA Zip Code: _____

Membership Status: Life Annual Honorary

Date of Death _____

Next of Kin: _____

Address: _____

City: _____ State: FLORIDA Zip: _____

Submitted by: _____

Department: Florida Auxiliary #: _____

Address: _____ Phone #: _____

City: _____ State: Florida Zip: _____

INSTRUCTIONS:

1. Local Chaplain will make six (6) copies of this form.
2. **Three (3) copies go to the Department Chaplain.** The Department Chaplain retains one copy, sends one copy to the National Chaplain, and sends one copy to National Headquarters.
3. The remaining three (3) copies go to the Local Membership Chairman one (1) to be retained for Local Auxiliary records, the remaining **two (2) copies to be sent to the Department Executive Secretary.**