



**AMVETS LADIES AUXILIARY Department of Florida**

**Wendy Luzader, Chaplain**

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**DECEASED MEMBER NOTIFICATION**

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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: \_\_\_\_\_ Auxiliary #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**INSTRUCTIONS:**

1. The Local Chaplain will make six (6) 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 three (3) copies; one (1) is to be retained by the Local Membership Chairman for Local Auxiliary records, the remaining **two (2) copies is to be sent to the Department Executive Secretary.**