



**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. 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.**