



MILITARY ORDER OF THE PURPLE HEART AUXILIARY

DECEASED MEMBER REPORT

Name of Member _____ Member Number _____

Address _____

City _____ State _____

Unit Name and Number _____ Dept. _____

This auxiliary member currently held office of: _____ in: Unit _____

Department _____ National _____

Other offices held at Unit, Department and National level: _____

Other Information (personal) _____

Date of Birth (if known): _____ Date of Death: _____

Place of Death: _____

Submitted by

Title

Date

PLEASE USE BLACK INK TO COMPLETE ALL FORMS

Submit copies of this report to: (Copies may be sent via postal mail or email.)

Name and address/email info of National Officers may be obtained from the Purple Heart Magazine.

National Membership Officer

National Chaplain

National Secretary

Unit/Department Chaplain

Unit/Department Secretary