



**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.**