



## TEMPLATE: MEMORIAL SERVICE

(NORMALLY CONDUCTED BY THE PRESIDENT AND THE CHAPLAIN)

**PRESIDENT:** We are here to honor a former member of the United States Military. She served her home, her country, and her God with love and dignity and has left a great void in the lives of all who knew her.

**CHAPLAIN:** Let us have a moment of silence as each of us, following our own belief, offers a prayer (pause for a moment). As we stand with heads bowed, Eternal Father, we ask that your all-encompassing love and compassion surround and comfort the loved ones who have been separated from our friend and fellow MWAN member, \_\_\_\_\_ . Help them to remember the many hours and days of joy and sharing. Let them know that the separation of the earthly being brings that greater union in spirit.

**PRESIDENT:** (Turning to family, friends and fellow MWAN members)

\_\_\_\_\_ chose to serve her country and God in our time of need, either during a period of combat or during peacetime. She served with honor and pride. This love and dedication is an example for those who follow after her and brings a feeling of pride and thanksgiving to her family. (Can also include further personal information, if known, including positions held in MWAN).

Let us go from here, not with a sense of sorrow, but in celebration of life.

(If everyone is sitting ask that the MWAN members and other service personnel **please stand**)

(Name of deceased), the members of Military Women Across the Nation (Name and Unit #) salute you.

Give the order, “**ALL SERVICE PERSONNEL RENDER HAND SALUTE**”.

*If you have an honor guard at the cemetery or service and are asked to present the flag to the family:*

**SPOKESPERSON:** On behalf of the President and the citizens of the United States, I present you with this flag in recognition of \_\_\_\_\_’s service to her country. Members of MWAN Unit \_\_\_\_\_ bid farewell to our departed member as she has answered her final call to our Supreme Commander-in-Chief. (Give the *flag to the family* and say “*May peace be with you at this time,*”).



# MWAN

## DECEASED MEMBER REPORT FORM

(DO NOT USE THIS FORM FOR FORMER OR NON-MWAN MEMBERS)

DATE: \_\_\_\_\_

UNIT NAME/#: \_\_\_\_\_

NAME OF DECEASED:

\_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

MEMBER ID#: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

ANY SPECIAL MEMORIAL SERVICE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND ADDRESS OF NEXT OF KIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*SIGNATURE OF UNIT TREASURER*

**MAIL COMPLETED FORM TO: National Executive Secretary, State Director and Regional Representative and MWAN National Chaplain (Address listed in White Caps)**