



AMVETS LADIES AUXILIARY

3309-11 Hubbard Road

Hyattsville, MD 20785

301-459-6255 (Phone)

301-683-3081 or 3083 (Fax)

DECEASED MEMBER NOTIFICATION

Date _____

DEPARTMENT _____ AUXILIARY _____ MEMBER 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: _____ Email: _____

DEPARTMENT _____ AUXILIARY _____

Address _____

City _____ State _____ Zip _____

INSTRUCTIONS:

1. Local Chaplain's will make four (4) copies of this form and keep one copy for Local Auxiliary records.
2. Three copies (3) 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. Deceased member form can be emailed to the National Chaplain and National Headquarters.
3. The remaining copy goes to the Local Membership Chairman to be processed through membership as is currently done. Additional copies can be made as required by your Local and/or Department Bylaws.

REVISED MAY 2024