AMVETS LADIES AUXILIARY
P.O. Box 29
Millersville, MD 21108-9998
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 SEPTEMBER 2025