

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF KENTUCKY**

DECEASED MEMBER FORM

Unit/District # _____ / _____

Name of Deceased Member _____
(Print or Type name)

Date of Death _____ Membership ID# _____

Senior Member _____ Junior Member _____ Gold Star Mother _____

1. Send one copy of this form to the Department Chaplain (See Unit Guide for address)
2. Send one copy to the District Chaplain. Ask District President for name and address.
3. Have membership chairman mail Member Data Form to Headquarters marked deceased.

DO NOT MAIL THIS FORM TO DEPARTMENT HEADQUARTERS

Please provide an address for next of kin:

Name of Family Member _____

Address for the family _____

City _____ State _____ Zip _____

No Information is available _____

Send to: Brenda (Lay) Cornelius
2837 Beaver Road
Union, Ky. 41091 bklay1956@gmail.com

859 242 9559