



American Legion Auxiliary
Department of Michigan
212 North Verlinden Ave, Ste. B • Lansing, Michigan 48915
Phone 517-267-8809 • www.michalaux.org

DECEASED MEMBER FORM

UNIT NAME: _____

DATE: _____ UNIT NO. _____ DISTRICT NO. _____

DECEASED: List the members who have passed away **before** paying this year's dues. Also, send a notification to the Department Chaplain.

Member Name	ID#	Date of Death

NOTE: If the deceased member has already paid their current year's dues, then a Member Data Form must be completed.

This form is being submitted by:

Name: _____

Signature: _____

Title: _____

Address: _____ City, Zip: _____

Phone: _____

Send this form to the Department: American Legion Auxiliary Department of Michigan, 212 N. Verlinden Ave., Suite B, Lansing, MI 48915

**Send notification to the Department Chaplain at
departmentchaplain@michalaux.org**