CHAPLAIN - DEATH NOTICE 2023-2024 (Please print or type)

Name of Deceased:					
Unit Name & No	County:				
Date of Death:	Senior membe		per J	Junior Member	
Charter Member: * * (See below for defin	Life Member: itions)		Gold Star Mother:		
Past President: Unit	County:	District:	Department:	National	
(Mus	t have comple	ete and correc	ct address to sen	d card)	
Relationship of person	receiving symp	athy card:			
Sympathy card to be se	ent to:				
Complete address:					
Street	City		State	Zip	
UNIT CHAPLAIN:			Tel#:		
=======================================	:=======	** Definition		=======	===
Charter Member –Whapplicants paying their					
Life Member – Is when to her (only after the ap					
Gold Star Mother – Is of the United States du	ring specific wa	ar and hostility	dates.	•	
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Patricia Galley PO Box 3 Bliss, NY 14023 nyalachaplain@gmail.com

Send this report to: Department Chaplain and notify the Department Office in a timely manner.