CHAPLAIN - DEATH NOTICE 2024-2025 (Please print or type)

Name of Deceased:	ID#			
Unit Name & No		County:		
Date of Death:	Senior member Junior Member		unior Member	
Charter Member: * * (See below for definite)	Life Member: Gold Star Mother: ions)		tar Mother:	
Past President: Unit	County: District:_	Department:	National	
(Must	t have complete and corre	ect address to sen	d card)	
Relationship of person r	eceiving sympathy card:			
Sympathy card to be se	nt to:			
Complete address:				
Stree	t City	State	Zip	
JNIT CHAPLAIN: Tel#:				
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	en a Unit is organized a lues may sign the Charter.			

Life Member – Is when a Unit honors an outstanding member and confers a Life Membership to her (only after the approval of the Dept. Secretary). Her dues are then paid by the Unit.

Gold Star Mother – Is a mother whose son or daughter died while serving in the Armed Forces of the United States during specific war and hostility dates.

Send this report to: Department Chaplain in a timely manner and the Department Office **Sally Johnston** PO Box 64 Eagle Bridge, NY 12057

C: 518-353-1517

nyalachaplain@gmail.com