

Auxiliary Chaplain Report 2011-2012

MEMBER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LIFE: _____ CONTINUOUS: _____ DATE OF DEATH: _____

AUXILIARY NAME & NUMBER. _____

Please complete this form for your deceased members. Mail a copy to the Department Chaplain, District Chaplain, keep a copy for your Auxiliary, and ask your Treasurer to notify National. Thank you.

Wanda Wilson, Department
Chaplain
PO Box 683
Fallon, NV 89407-0683