

**AMERICAN LEGION AUXILIARY
Department of Iowa**

2008-2009 ANNUAL REPORT FORM OF DECEASED MEMBERS

District # _____ County _____
Unit Town _____ Unit # _____

This list of names is one of the sources used to compile the "IN MEMORIAM" list for the Department of Iowa, from May 1, 2008 through April 30, 2009. In the event of deaths after May 1, 2009, hold those names until the 2009-2010 report.

FOR EACH DECEASED MEMBER BELOW, PLEASE GIVE COMPLETE NAME. ALSO, PLEASE CHECK ANY BOXES THAT APPLY TO EACH DECEASED MEMBER.

- | | | |
|---------------|---------------------------|------------------------------|
| (1) GOLD STAR | (4) PAST DEPT. OFFICER | (7) CURRENT DEPT. OFFICER |
| (2) CHARTER | (5) PAST DISTRICT OFFICER | (8) CURRENT DISTRICT OFFICER |
| (3) JUNIOR | (6) PAST UNIT OFFICER | (9) CURRENT UNIT OFFICER |

NAME	1	2	3	4	5	6	7	8	9	DATE of DEATH
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SEND **WHITE** COPY TO: DEPARTMENT CHAPLAIN
AMERICAN LEGION AUXILIARY
720 LYON STREET
DES MOINES, IA 50309

Must be in Department Office by MAY 1, 2009

Send **YELLOW** COPY to **YOUR** District Chaplain.
Keep **PINK** COPY for **YOUR** Unit file.