

AMERICAN LEGION AUXILIARY - DEPARTMENT OF WYOMING

CHAPLAIN REPORT

SEND TO: Gina Dusel, Chaplain
218 R St.
Rock Springs WY 82901
dusel75@gmail.com

DATE: _____ UNIT: _____

PLEASE PRINT NAMES AND ADDRESSES CLEARLY

IN MEMORIAM (Deceased Auxiliary Members Only)

NAME: _____ Sr. _____ Jr. _____

Next of Kin _____ Relationship _____

Address: _____

SEND SYMPATHY CARDS TO: (Please indicate if deceased was a member of the Unit)

Name _____ Address _____

Death of: _____ Relationship: _____ Member of Unit? _____

Name _____ Address _____

Death of: _____ Relationship: _____ Member of Unit? _____

Name _____ Address _____

Death of: _____ Relationship: _____ Member of Unit? _____

Name _____ Address _____

Death of: _____ Relationship: _____ Member of Unit? _____

GET WELL WISHES TO:

Name: _____ Illness: _____

Address _____

Name: _____ Illness: _____

Address _____

Name: _____ Illness: _____

Address _____

Name: _____ Illness: _____

Address _____

SUBMIT on a timely manner.

Please make copies of this form for future use