

2022 - 2023 DECEASED MEMBER REPORT FORM

Please print or type to ensure the correct spelling of names. Make additional copies as needed. Please report within 60 days to ensure a memorial card will be mailed. Mail as instructed.

Copy 1: (For your Auxiliary Chaplain)

Members Name: _____ Aux. #: _____

Member ID #: _____ Date of Death: _____ Type: Annual Life

Copy 2: (Send to the District Chaplain): Chaplain _____
(Name & Address)

Member's Name: _____ Aux. #: _____ District #: _____

Member ID #: _____ Date of Death: _____ Type: Annual Life

Copy 3: (Send to the Department Chaplain): **Diane Ahrens, Department Chaplain**
809 Royal Lane, West Dundee, IL 60118
dahrens0221@gmail.com

Member's Name: _____ Aux. #: _____ District #: _____

Member ID #: _____ Date of Death: _____ Type: Annual Life

Next of Kin: _____ Relationship: _____
(Person to Whom Memorial Card is to be mailed)

Address: _____
(Street, City, State, Zip)

Reported by: _____ Contact Information _____
(Member who is Reporting) Phone or E-mail

DEPARTMENT OF ILLINOIS

VEW Auxiliary Change Request Form (complete for all members)

Mail this section to: **Linda Lorenz, Department Treasurer**
140 W. Ann Street, Somonauk, IL 60552

Member's Current Name: _____ Membership ID #: _____

Current Auxiliary #: _____ District #: _____

Member's Address: _____

Person Making Report: _____

Phone or e-mail: _____

Death Report: Date of Death: _____ Type: Annual Life