

## 2023 - 2024 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.

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Copy 1: (For your Auxiliary Chaplain)

Members Name: \_\_\_\_\_ Aux. #: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Type: ☐ Annual ☐ Life

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

Member's Name: \_\_\_\_\_ Aux. #: \_\_\_\_\_ District #: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Type: ☐ Annual ☐ Life

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Copy 3: (Send to the Department Chaplain): **Danielle Krull, Department Chaplain**  
**6625 W. 64<sup>th</sup> St., Chicago, IL 60638**  
**danielle.krull@hotmail.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

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### **DEPARTMENT OF ILLINOIS**

#### **VFW 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