



DEATH NOTIFICATION FORM

The Unit Adjutant shall submit one copy to the Auxiliary State Adjutant and to Auxiliary National Headquarters

Date: _____

To: DAV Auxiliary State Adjutant

AND

DAV Auxiliary National Headquarters

From: NC Unit Name _____, #: _____

Auxiliary Member _____ (name) of the above Unit has passed away.

Membership code number: _____

Passed away on: _____

Next of Kin: _____

Next of Kin
Address of: _____

Submitted By _____

Title _____

Date _____