

AMERICAN LEGION AUXILIARY

DECEASED MEMBERS TO BE PUBLISHED IN THE LEGIONETTE

Please send to: Department Headquarters

129 N Main Ave

Hartford SD 57033

Headquarters will forward to Chairman of the Legionette

NAME _____ UNIT/TOWN _____

ID # _____ DATE OF DEATH _____

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ID # _____ DATE OF DEATH _____

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ID # _____ DATE OF DEATH _____

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ID # _____ DATE OF DEATH _____

Submitted by _____ Date _____