



Sons of the American Legion
Detachment of Michigan
 2016-2017
SQUADRON CHAPLAINS REPORT

ZONE # _____

DISTRICT _____

Post Name _____

This is to certify that Squadron # _____ Located at _____, Michigan had # _____ Members pass away between June 1, 2016 and May 31, 2017. If they were a current or a past Squadron, District, Detachment, or National officer please list also the position and year that they held in office.

PLEASE PRINT

NAME of deceased	Past office/year held	Year(s)
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____
5.) _____	_____	_____
6.) _____	_____	_____

If you have any highlights on a deceased member listed including their continuous membership years, I would like to know about them so that they can be brought up at our Detachment memorial service.

Highlights: _____

**Please mail to:
 Or bring to convention.**

Detachment Chaplain