



Detachment of Michigan

Chaplains Report

Report for year 20____

This is to certify that Squadron #_____

Address_____

Had____members pass between June1st of last year and May31st of this year.

Name of deceased and past office/position & years/age & date of death

1)_____

2)_____

3)_____

Highlights of deceased/membership years/accomplishments

Email form to: michigansalchaplain@gmail.com