



*Sons of the American Legion  
Detachment of Michigan*



**SQUADRON CHAPLAINS REPORT**

*Squadron Name* \_\_\_\_\_

*This is to certify that Squadron # \_\_\_\_\_ Located at \_\_\_\_\_, Michigan had # \_\_\_\_\_ Members pass away between June and May. 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**

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

*If you have any highlights on a deceased member listed including there 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:

Detachment Chaplain  
C/O DAVID SEYDELL  
4033 Garland Dr.  
Jackson, MI 49201

**\*\* EMAIL TO: SALCHAPLAIN@SONS.MICHIGANLEGION.ORG \*\***

**DUE JUNE 1ST**