



Sons of the American Legion
Detachment of Michigan
 2018-2019
SQUADRON CHAPLAINS REPORT

ZONE # _____ DISTRICT # _____

Post Name _____

This is to certify that Squadron # _____ Located at _____, Michigan had # _____ members pass away between June 1, 2018 and May 31, 2019. 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: **Detachment Chaplain**
Or bring to convention.

Ron Wyatt 6399 Jericho Rd., Stevensville MI. 49127
 or email at wyatt0506@comcast.net.