



American Gold Star Mothers, Inc.

Member Death Notification For National Chaplain

For Chapters/Departments to notify the National Chaplain upon the death of an AGSM Member or Associate Member.

Chapter Name: _____ Department: _____

Notice is for: AGSM Mother Associate Member

Deceased Mother Name: _____

Date of Death: _____ Place of Death: _____

Associate Member's Name: _____

Associate Member was: Dad Sibling Other: _____

Date of Death: _____ Place of Death: _____

Obituary/Death notice found in what publication: Newspaper Website Other

Publication or Site: _____

Name of Publication or Website address

City/State (if applicable)

Next of Kin Name: _____ Relationship: _____

Next of Kin Address: _____

Street

City

State

Zip

**Memorial Acknowledgements will be mailed to the name/address above, unless otherwise specified.*

Next of Kin Contact Information: Phone: _____ Email: _____

Person Submitting Information: _____

(Please print)

Phone: _____ Email address: _____

Chapter/Dept. Chaplain Name: _____ Phone: _____

(Please print)

Memorial Acknowledgements to Family Requested: Yes. No

Other Notes: _____

*Thank you for your thoughtfulness in notifying us and gathering as much information as possible. When complete, please submit this form to: **National Chaplain, 2128 Leroy Place NW, Washington, D.C. 20008**, or scan and email to: chaplain@goldstarmoms.com. If a memorial donation is sent to Headquarters, it will be listed in the next issue of "The Gold Star Mother" newsletter.*