

Veterans of Foreign Wars, U.S.
____ District, Department of California
Post _____

DECEASED MEMBERS

NAME	DATE OF DEATH
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Please send one copy by the end of the month to the following:

District Chaplain