MEMORIAL LIST

Please list below the names of all Legionnaires that have died during the past twelve months. This information will be used at the Memorial Service during the State Convention. If you cannot list the names, just give the total number of deceased Legionnaires from your Post during the past twelve months.

SEND TO: The American Legion
Department of Colorado
7465 E. 1st Ave #D
Denver, CO 80230

Submit by email

DISTRICT #_____ POST NAME_____
CITY_____ POST #_____
NAME OF LEGIONNAIRE

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____