



**Disabled American Veterans  
Department of Louisiana**

**CHAPTER/UNIT MEMORIAL LIST**

**Chapter/Unit Name & Number**

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To Department Headquarters, Department Chaplain/DAVA State Chaplain:

We wish to include the following members of our Chapter who are deceased since the last Convention/Conference in the upcoming Memorial Tribute Service.

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Signed \_\_\_\_\_  
**Chapter/Unit Commander**

Signed \_\_\_\_\_  
**Chapter/Unit Adjutant**

Date \_\_\_\_\_