



KEEPING OUR PROMISE TO
AMERICA'S VETERANS

**Disabled American Veterans
Department of Louisiana**

CHAPTER/UNIT MEMORIAL LIST

Chapter/Unit Name & Number

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.

Signed _____
Chapter/Unit Commander

Signed _____
Chapter/Unit Adjutant

Date _____