

Ladies Auxiliary of the Fleet Reserve Association  
(Please type or print information)  
NOTIFICATION OF A DEATH OF A UNIT MEMBER

YEAR 2017-2018

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TO: Membership Services: Member Service Administrator DEATH NOTIFICATION  
LA FRA  
PO BOX 1154  
EASTON MA 02334-1154

Name of Deceased: \_\_\_\_\_ Membership# \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Unit# \_\_\_\_\_

Region: \_\_\_\_\_ (TITLE IF PAST NATIONAL OFFICER) \_\_\_\_\_

\_\_\_\_\_  
UNIT    CHAPLAIN Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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TO: National Chaplain: GALE NATHAN DEATH NOTIFICATION  
9345 Blue House Road Apt 9108  
Ladson SC 29456

Name of Deceased: \_\_\_\_\_ Membership# \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Unit# \_\_\_\_\_

Region: \_\_\_\_\_ (TITLE IF PAST NATIONAL OFFICER) \_\_\_\_\_

\_\_\_\_\_  
UNIT    CHAPLAIN Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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TO: Regional Chaplain: DEATH NOTIFICATION

Name of Deceased: \_\_\_\_\_ Membership# \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Unit# \_\_\_\_\_

Region: \_\_\_\_\_ (TITLE IF PAST NATIONAL OFFICER) \_\_\_\_\_

\_\_\_\_\_  
UNIT    CHAPLAIN Telephone: \_\_\_\_\_

Email: \_\_\_\_\_