

Ladies Auxiliary of the Fleet Reserve Association
NOTIFICATION OF DEATH OF A UNIT MEMBER

YEAR _____

TO: Membership Services: Member Service Administrator

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: _____

TO: NATIONAL 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: _____

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: _____