



MARINE CORPS LEAGUE AUXILIARY

NOTICE OF DEATH



Member's Name

Of _____ Unit

City _____ State _____

Expired on _____

Next of Kin _____

Address _____

City _____ State _____

Name of Individual Completing this Form

Title

Address: _____

Email address/phone# _____

Date Submitted: _____

Make six copies of this form and distribute to the following:

1. Unit Chaplain
2. Department Chaplain
3. Department Treasurer and/or Department Secretary/Treasurer
4. National Chaplain
5. National Headquarters
6. Appropriate National Division Vice President