MARINE CORPS LEAGUE AUXILIARY

NOTICE OF DEATH

***Please Print**

_____

Member's Name

Of _____Unit

City _____ State _____

Expired on _____

Next of Kin _____Relationship_____

Address _____

City _____State _____ Zip_____

_____

Information of Individual Completing this Form

_____ Date_____

Printed Name & Title

Address: _____

_____

Email:_____

The Treasurer must make six copies of this form and distribute the following:

1. Unit Chaplain
2. Department Chaplain
3. Department Treasurer
4. National Chaplain
5. National Headquarters
6. Appropriate National Division Vice President Rev. 8/09

* These copies may be scanned and emailed to the appropriate Officers

If possible, attach a **copy** of the obituary