

This form is to be completed by Community President, Group Leader, Secretary for the Extended Members, or their respective Secretaries and forwarded to Central Office when a member is deceased.

Date _____

From:

_____ *President* *Group Leader*
 Ext Mem Secretary *Secretary*
 Community *Group*
 Extended Group District
 City and State

PLEASE NOTE IN CENTRAL OFFICE RECORDS

<p><input type="checkbox"/> <i>Mr.</i> <i>Name</i> <input type="checkbox"/> <i>Mrs.</i> _____ <input type="checkbox"/> <i>Miss</i></p> <p><i>Address:</i> _____ Street No. or PO Box No.</p> <p>_____ City State</p> <p>_____ Zip Code</p> <p><i>Date of Demise</i> _____</p>
