

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

Date \_\_\_\_\_

**From:**

\_\_\_\_\_ President Group Leader Secretary  
\_\_\_\_\_ Community Group  
\_\_\_\_\_ City and State

**PLEASE NOTE IN CENTRAL OFFICE RECORDS**

<p><input type="checkbox"/> Mr.</p> <p>Name <input type="checkbox"/> Mrs. _____</p> <p><input type="checkbox"/> Miss</p> <p>Address: _____</p> <p>Street No. or PO Box No.</p> <p>_____</p> <p>City State</p> <p>_____</p> <p>Zip Code</p> <p>Date of Demise _____</p>
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**Send to: OCDS Central Office, 510 North El Molino Street, Alhambra, CA 91801**