



# 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: \_\_\_\_\_

\_\_\_\_\_

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

Rev. 8/09

ENCLOSURE #21