## Ladies Auxiliary of the Fleet Reserve Association (Please type or print information) NOTIFICATION OF A DEATH OF A UNIT MEMBER

## YEAR 2025-2026

TO: National Financial Se	cretary: National Financial	DEATH NOTIFICATION
10. National i mancial de	Secretary PO Box 706 Goose Creek SC 29445 lafranfspat@gmail.com	
Name of Deceased:		Membership#
Name of Next of Kin:		Relationship
Address:		
Date of Death:	Unit#	
Region:	(TITLE IF PAST NATIO	NAL OFFICER)
		Telephone:
UNIT CHAPLAIN		Email:
•		DEATH NOTIFICATION
		Membership#
Name of Next of Kin:		Relationship
Address:		
Date of Death:	Unit#	
Region:	(TITLE IF PAST NATIO	NAL OFFICER)
		Telephone:
UNIT CHAPLAIN		Email:
TO: Regional Chaplain:		DEATH NOTIFICATION
Name of Deceased:		Membership#
Name of Next of Kin:		Relationship
Address:		
Date of Death:	Unit#	
Region:	(TITLE IF PAST NATIO	NAL OFFICER)
LIANT CHARLAIN		Telephone:
UNIT CHAPLAIN		Email: