

## NOTIFICATION OF DEATH OF A NARFE MEMBER

Information about deceased member:

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Last	First	M.I.	Date of death
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Street Address

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City	State	Zip	NARFE Membership Number
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Surviving Spouse Information

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Last	First	M.I.	
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Street Address

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City	State	Zip	NARFE Member?
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Chapter Number	Signature of Chapter Officer	Date
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Email to [memberrecords@narfe.org](mailto:memberrecords@narfe.org)