



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 five copies of this form and distribute to the following:

1. Unit Chaplain
2. Department Chaplain
3. National Chaplain
4. National Headquarters
5. Appropriate National Division Vice President

Rev. 8/97