



Death of a Member Notification

Please complete all information.

Member Name: _____

Flotilla: _____

Name of Spouse or Significant Other: _____

Years of Service: _____

Date of Death: _____

Status (Active/Retired): _____

Funeral Services Location: _____

Time of Funeral Services: _____

Does the family want Auxiliary Services? _____

If Auxiliary Services requested, date and time of Auxiliary participation. _____

Completed form should be routed to FC, DCDR, DCAPT, DCOS, DCO, DSO-HR