FORM FOR REPORTING DECEASED MEMBERS

PLEASE PRINT INFORMATION CLEARLY AND CORRECTLY AS RECORDED ON THE PARISH COUNCIL MEMBERSHIP LIST

Name of deceased _____
(as shown on membership list)

Membership number _____

Spouse's name (if applicable) _____

Full address _____
(as shown on membership list)

_____

_____

Date deceased _____

CWL parish council _____

Council code _____

Diocese _____

IMPORTANT NOTE:

Parish councils are asked to forward a copy of this completed form to national office immediately upon notification of death.

_____	_____	_____
(date)	(signature of council president and/or convenor of spiritual development)	(telephone number)

Mail, e-mail or facsimile to: The Catholic Women's League of Canada
C-702 Scotland Ave., Winnipeg, MB R3M 1X5
Toll-free facsimile: (888)831-9507
e-mail: membership@cwl.ca