



CATHOLIC WAR VETERANS & AUXILIARY

OF THE UNITED STATES OF AMERICA, INC.

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DECEASED MEMBER NOTICE

When a member of your Post passes away, please fill out this form reflecting the correct date of death and send it to all higher Echelons ASAP. **Do this even if you are maintaining your own database.**

This is very important to ensure that the appropriate recognition and services may be provided to the surviving family, and to keep our membership records as accurate as possible.

Print all responses clearly. Please call your next higher echelon if you have any questions or concerns.

Date of Death _____

Name of Deceased Member _____

Street Address of Deceased Member _____

City, State, Zip _____

Post Name and Number _____

Chapter _____ State Department _____

Below to be completed by person submitting form.
Form must be signed and dated to be valid.

Printed Name _____ Phone Number _____

Signature _____ E-mail _____

Date _____ Position _____

Distribution: Originating Post – mail or email one (1) copy each to:
Chapter
Department
National

RETAIN one (1) copy for Post files