



CATHOLIC WAR VETERANS

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 through Echelons A.S.A.P. 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** – make (4) copies, forward (3) copies to Chapter, retain (1) for Post files
Chapter - forward (2) copies to State Department, retain (1) for Chapter files.
State Department –forward remaining copy to National Department, retain (1) for Dept. files