

**INFORMATION OF REPORTED DEATH**

NAME.....

ADDRESS.....

..... POST CODE .....

MEMBERSHIP No ..... Tele No. ....

D.O.B ..... Age ..... D.O.D. ....

SPOUSE/Partner (Name) .....D.O.B .....

CHILDREN (Name/s) .....

RANK .....

WHERE SERVED .....

ILLNESS .....

WELFARE OFFICER VISIT: YES / NO

DOES SURVIVING SPOUSE/Partner WANT TO continue membership in Narpo? YES / NO

IF YES E-MAIL ADDRESS .....

**FUNERAL DETAILS (if known)**

TIME .....

DATE .....

LOCATION .....Postcode .....

.....

RECEPTION ..... Postcode .....

DONATION TO CHARITY .....

FUNERAL DIRECTOR ..... Postcode .....

**DRAPE** YES / NO                      **HELMET / CAP** YES / NO      **DELIVERED** YES / NO

**Office use only**

E-mail circulation    Northern ..... Southern .....    Southern 2

E-mail of Funeral, if needed    Northern ..... Southern .....    Southern 2

Date Condolence letter sent .....

Enrolment as new survivor member Number ..... Wakefield Informed .....

Benevolent Fund member? YES / NO    Informed? YES/ NO