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			
Also known as:			
Spouse's name (if applicable)			
-	(as shown on membership list)		
Date deceased			
CWL parish council			
Council code			
Diocese			
IMPORTANT NOTE:			
	rward a copy of this completed for f death, with a courtesy copy to d chairpersons of faith.		
	n if your council has submitted a the online membership program.	notification of death	
(date) (signatu	re of council president and/or chairperson of faith)	(telephone number)	
Mail, e-mail or facsimile to:	o: The Catholic Women's League of Canada C-702 Scotland Ave., Winnipeg, MB R3M 1X5 Email: <u>info@cwl.ca</u>		