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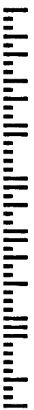
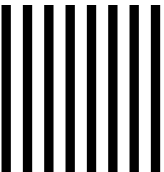
National Association of Retired Federal Employees

Membership Department

606 N. Washington St.

Alexandria, VA 22314-9704

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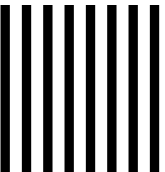
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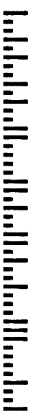
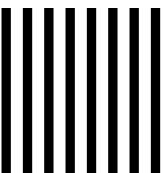
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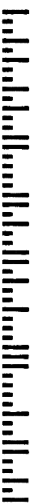
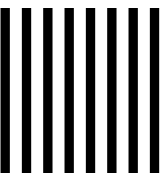
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— NOTIFICATION OF DEATH OF A MEMBER —

Please print information about deceased member:

Last _____ First _____ M.I. _____ Date of death _____
Street Address _____
City _____ State _____ Zip _____ NARFE Membership Number _____

Surviving Spouse Information

Last _____ First _____ M.I. _____
Street Address _____ NARFE Member? Yes No
City _____ State _____ Zip _____

Chapter Number _____ Signature of Chapter Officer _____ Date _____
F-9 (08/02)

— NOTIFICATION OF DEATH OF A MEMBER —

Please print information about deceased member:

Last _____ First _____ M.I. _____ Date of death _____
Street Address _____
City _____ State _____ Zip _____ NARFE Membership Number _____

Surviving Spouse Information

Last _____ First _____ M.I. _____
Street Address _____ NARFE Member? Yes No
City _____ State _____ Zip _____

Chapter Number _____ Signature of Chapter Officer _____ Date _____
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