## 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		
<u> </u>		
Spouse's name (if applicable)		
Full address	(as shown on membership list)	
Date deceased		
CWI nonish sourcil		
CWL parish council		
Council code		
Diocese		
IMPORTANT NOTE:		
Parish councils are asked to forward a copy of this completed form to national office		
	tely upon notification of death.	
(data) (signatur	no of acumail massidant and/on	(talanhana numbar)
(date) (signature of council president and/or (telepho convenor of spiritual development)		(telephone number)
Mail, e-mail or facsimile to: The Catholic Women's League of Canada C-702 Scotland Ave., Winnipeg, MB R3M 1X5		
Toll-free facsimile: (888)831-9507		
	e-mail: membership@cwl.ca	