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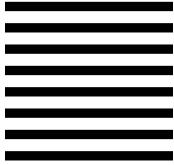
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NARFE

National Active and Retired Federal Employees Association

Membership Department
606 N. Washington St.
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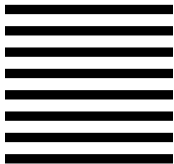
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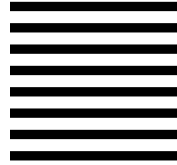
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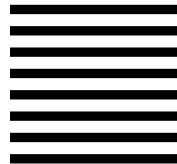
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— NOTIFICATION OF DEATH OF A MEMBER —

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
City _____	State _____	Zip _____

_____	_____	_____
Chapter Number	Signature of Chapter Officer	Date
<small>F-9 (03/06)</small>		

— 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 _____

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