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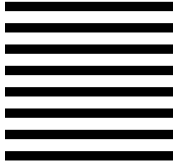
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**NARFE**

National Active and Retired Federal Employees Association

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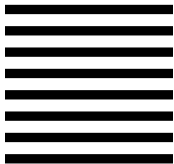
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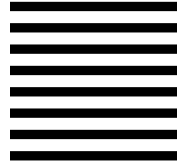
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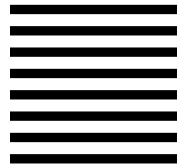
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**— NOTIFICATION OF DEATH OF A MEMBER —**

**Please print information about deceased member:**

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

**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
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F-9 (03/06)

**— NOTIFICATION OF DEATH OF A MEMBER —**

**Please print information about deceased member:**

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

**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
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