

# NOTIFICATION OF DECEASED MEMBER

## INFORMATION ON THE DECEASED

### Notification Regarding:

_____/_____/_____		_____/_____/_____	
<b>Surname</b>	<b>Given Names</b>	<b>Middle Name</b>	<b>Sex</b>
Birth date: ____/____/____		Date of death ____/____/____	
Month	Day	Year	Month Day Year
MNS Local: _____		MNS Registry #: _____	
Date to be removed from MNS Membership/Local Listing: ____/____/____			
		Month	Day Year

### Applicant Information

<b>Relationship to deceased:</b>		
_____		
<b>Last</b>	<b>First</b>	<b>Initial</b>
_____	_____	_____
Telephone: (____) _____		
Address: _____		
City _____	Province: _____	
MNS Local: _____		
MNS Registry # _____		

<b>Relationship to deceased:</b>		
_____		
<b>Last</b>	<b>First</b>	<b>Initial</b>
_____	_____	_____
Telephone: (____) _____		
Address: _____		
City _____	Province: _____	
MNS Local: _____		
MNS Registry # _____		

### Death Certificate:

Is a copy of the Death Certificate attached?	Yes	No	To follow
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Signature: _____	Signature: _____
Witness: _____	Witness: _____
Date: ____/____/____	Date: ____/____/____
Day Month Year	Day Month Year

MNS Registrar: _____	Date: ____/____/____
Signature	Day Month Year
MNS Registrar _____ (Printed Name)	

