DEAR SISTERS:
THE DEPARTMENT MEMORIAL SERVICES HONORING THE MEMORY OF OUR DEPARTED SISTERS WILL BE HELD AT THE DEPARTMENT CONVENTION THURSDAY, JUNE 25, 2009. BE SURE TO WRITE THE NAMES AS THEY APPEAR ON THE APPLICATION CARDS **(NO NICKNAMES)** AND **PRINT CLEARLY OR TYPE** ALL INFORMATION NEEDED. PLEASE COMPLETE THIS FORM IN IT'S ENTIRETY AND RETURN IT NO LATER THEN **MAY 8, 2009** TO OUR DEPARTMENT CHAPLAIN:

SHERRY STINEBISER
HC 2 BOX 144
MARIENVILLE, PA 16239
PHONE: (814) 927-8222

DECEASED MEMBERS FROM MAY 1, 2008 THROUGH APRIL 30, 2009

NAME	MEMBER ID NUMBER	AUX. #	DIST. #	DATE OF DEATH (MM/DD/YY)

NAME, ADDRESS, AND PHONE NUMBER OF PERSON COMPLETING FORM:

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