



UKRAINIAN CATHOLIC WOMEN'S LEAGUE OF CANADA

FORM FOR RECORDING A DECEASED UCWLC MEMBER

PLEASE PRINT INFORMATION CLEARLY AND CORRECTLY
AS RECORDED ON THE UCWLC BRANCH MEMBERSHIP

Name of the deceased

Full address

.....

Date deceased

UCWLC Branch

At/of

Archeprarchy/Eparchy

.....
Signature of Branch President