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NOTICE OF DECEASED MEMBER

LOCATION of OCDS Community: _____
City/Town and State where OCDS meeting is held

Religious Title of Community: _____
(Optional)

Member Name _____

Address _____

City, State, 9 Digit Zip _____

Date of Birth _____ Date of Death _____

Religious Name _____

Formation Dates:

Reception of the Scapular _____

Temporary Promise _____

Definitive Promise _____

Vows _____

PLEASE SEND A COPY TO:

Disalced Carmelite Secular Order
2131 Lincoln Road NE
Washington DC 20002-1101
(202) 269-3792

10/10/10