



**ILLINOIS RURAL LETTER CARRIERS' ASSOCIATION  
2009 STATE CONVENTION, PEORIA, ILLINOIS  
OFFICIAL NECROLOGY FORM**

(Please print or type)

**DEATH OF RURAL CARRIER:** \_\_\_\_\_

of \_\_\_\_\_ Illinois and a member of \_\_\_\_\_ County  
was an

\_\_\_\_\_ Active Carrier \_\_\_\_\_ Retired Carrier \_\_\_\_\_ Auxiliary Member \_\_\_\_\_ Junior Member.

Number of Years Retired: \_\_\_\_\_

He/She was \_\_\_\_\_ married \_\_\_\_\_ single Age of time of death: \_\_\_\_\_

Rural Carrier, Auxiliary or Junior Member for \_\_\_\_\_ years.

Leaving wife/husband – mother/father – children:

\_\_\_\_\_

Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ County

Signed by: \_\_\_\_\_ (County Secretary/Treasurer)

**Please send this form to the Necrology Chairman, with a copy to State Secretary/Treasurer, Pete Harrington. This form must be sent in for all deceased members, even if the death has already been reported. Forms are to be returned as follows by June 12, 2009.**

**Necrology Chair for the Association**

**Deborah Matthews**

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