

Appendix K – Notification of Death
(Diocesan Policy Art. 1185, §2)

(Please type or print all information.)

(Decedent's Name)

The decedent was a _____ (Male) _____ (Female)

Was the decedent a child? _____ (Yes) _____ (No)

Date of Death: _____

Natural causes? _____ (Yes) _____ (No) Accident _____ (Yes) _____ (No)

Surviving Spouse or Relative's Name

Relationship to Decedent

Mailing Address

City	State	Zip Code
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Name of Person Completing Form

Name of Church/City/Town

Forms can be mailed to Office of the Bishop, P.O. Box 7417, Alexandria, LA 71306-0417; faxed to 318-767-1230; or attached to an email to notify@diocesealex.org.