

DECEASED NOTIFICATION FORM

Congregation:.....

Congregation Code:.....

A. Personal Particulars	Policy No:
Name:	Surname:
ID:	Date of Birth:
Place of Death:	Date of Death:

B. Change of subscriber	Member No:
Name:	Surname:
ID:	Date of Birth:
Relationship to Deceased (Tick): Spouse <input type="checkbox"/> Child(under 21) <input type="checkbox"/>	
Email:	
Contact Number:	

<i>I hereby declare and affirm that all information reflected on this form is true and correct.</i>	
Signature of Rector/Burial co-ordinator:	
Contact No. of Rector/ Burial co-ordinator:	Date:

Please email a copy of this completed form to burial@nac-sa.org.za