



Military Order of Devil Dog Fleas Notice of Death



Date: _____

PLEASE PRINT OR TYPE

_____ of _____ Hide,
(Flea's Name)

Department of _____ did answer the final Earthly Roll Call on _____.

The deceased is survived by _____,
(Relative's name) (Relationship)

who resides at: _____

City: _____ State: _____ Zip + _____

Please indicate the position this Devil Dog Flea has held at the local, Department or National level.

Please submit this notice within 30 days from the date of death.

Submitted by: _____

Street: _____

City _____ State _____ Zip + _____

Phone: _____ Email _____

Form distribution: Unit Holy Flea forward 2 copies to Department Holy Flea, Department Holy Flea forward 1 copy to National National Holy. If there is no Unit Hide(s) 1 copy is to be sent to the National Holy Flea.

