



CEP LOCAL 1990 BEREAVEMENT FORM

EMAIL: CEPLOCAL1990@HOTMAIL.COM

In the event of a death in the family of a CEP member, please complete ALL information below and forward to:

CONNIE MOHLER @ CEP OFFICE
FAX NUMBER 403-236-3903

Date: _____ Sender: _____

No. of Pages (including this one) _____

We extend sympathies

Mr/Mrs/Ms

(please circle one)

(NAME)

(HOME ADDRESS)

(POSTAL CODE)

(WORK LOCATION)

on the loss of

(RELATIONSHIP)

(RELATIVE'S NAME)

