

Notification of the Death of a Member (complete all known and submit to Branch Secretary)	
Member Full Name:	
Known as:	
Member Number:	
Address:	
Postcode:	Contact Phone No.:
NI No.:	
Date of Birth:	Date of Death:
Illness/cause of death:	
Spouse/Partner full name:	
Surviving children's names:	
Retired at Rank:	Served/Career summary:
If known, Funeral Director name, postcode, phone number: Funeral Place, date, time, postcode:	
Reception place, postcode, date and time:	
In Memory donations to:	
Floral tributes: Yes/No	
Family request: Drape	Helmet Cap Female Cap Traffic Cap
Death Certificate issued: Yes/No If available send phone photo of cert to Branch Secretary	
Branch Secretary Admin	
Member of Benevolent Fund: Ye	s/No. Class A/B Confirmed Beneficiary £5K
XPS Pensions Notified: Yes/No. To be notified by Branch Secretary: Yes/No	
Survivor Spouse/Partner requests Narpo Widow/er Membership: Yes/No	
If Yes, DOB and Email address:	
XPS 03300 545505 Ext 1 to notify and cancel Police Pension.	
Required ID: Death Cert., if applicable, Marriage Cert., Birth Cert. x2,	
Driv'Lic/P'port/Council Tax	