

# Notice of Death Form

## Standard Operating Procedure – Department of Maryland

### Scope

This SOP was created to assist all Detachment and Department Chaplains in clarifying how this process works throughout the routing process of submitting a Notice of Death form and the responsibilities and accountability of each Chaplain in the chain of command.

### Detachment Chaplain

Upon notification of the passing of a member, a Notice of Death form **shall** be completed. The preferred time frame for doing so is within 48 hours of notification.

**NOTE** – If the member is on your most current Detachment roster (which can be a Regular, Associate or Honorary Member), whether in ‘good standing’ or not, this form **MUST** be completed. This is about closure for a member regardless if the member is currently paid up or in arrears with their annual dues.

The Detachment Chaplain should already have blank copies of the Notice of Death form on hand. If blanks are needed, the Detachment Chaplain is empowered to call National Headquarters and request blank forms. National will postal mail them out (free of charge) to the Detachment Chaplain. A copy of the form is also attached to this SOP for use. It is in editable PDF format which can easily be printed and mailed to your Department Chaplain as well.

The form doesn’t clearly define “who” is responsible for completing it; however the best approach is for the Chaplain to work with the Adjutant/Paymaster to obtain the necessary information to complete the form. **Ultimately, any Officer can submit this form to ensure proper closure for the member.**

**NOTE** – Some members may live out of the general vicinity of the detachment's operating area or even out of State. It is the **Detachment's responsibility** to keep in contact with these non-visible members to ensure that none of them have passed away. This is the primary reason why PLM (Paid Life Membership) Audits are conducted annually.

Do **not** leave any area of the form empty.

- If there is no person known to add as being “survived by”, put ‘N/A’ in the appropriate areas.
- If the member was not a LIFE Member in the League, simply put ‘N/A’ in the PLM Number area.
- Under comments, if there is nothing to be added, simply put ‘N/A’ in that area.

**NOTE** – If using the carbon copy form, ensure that **every** page is clearly legible.

If completing the form by hand, ensure that it is done in **PRINT** and **CLEARLY** legible for anyone to read. Illegible forms ‘may’ cause unnecessary delays at the Department and National levels, so the initial responsibility is to have it done correctly at the Detachment level, the Detachment Chaplain will retain and file away the appropriate sheet of the carbon copy form. If using the attached electronic form, simply print it, color code each copy appropriately with a highlighter and forward the copies (White, Green, Yellow, Pink) to the Department Chaplain.

The **Department Chaplains Address** is available in the **Department Staff Directory** OR on the **Department Website** [www.deptofmdmcl.org](http://www.deptofmdmcl.org) , **Department Officer's Page**.

The Department Chaplain will send a sympathy card if this notice is received within thirty (30) days from date of death, unless otherwise requested.

***"The nation which forgets its defenders will itself be forgotten."***  
**President Calvin Coolidge**

## **Department Chaplain's Responsibility**

Upon receiving the Notice of Death form, the Department Chaplain is responsible for ensuring it has been filled out completely. If there are areas that are not filled in, contact the Detachment Chaplain (Preferably by phone) to discuss the missing information and add it to the form. Once the form has been approved for forwarding, the appropriate copy of the carbon form will be retained by the Department Chaplain. If received via email, a hard copy or electronic copy will be retained. The balance copies of the carbon form (or appropriate hard copies of the electronic form) will then be mailed to National Headquarters. The preferred time frame for doing so is within 48 hours of receiving the notice.

The mailing address for all Notice of Death forms to be mailed to is:

**MCL National Headquarters**  
**P.O. Box 3070**  
**Merrifield, VA 22116**

## **National Headquarters Responsibility**

Once National Headquarters has received the Notice of Death form, the member will be removed from the National roles. By doing so, all postal mailings (IE – The “*Semper Fi*” magazine, label program solicitations, etc) will be cancelled as well.

**NOTE** – The “*Semper Fi*” magazine has deadline dates to meet for every edition that is published and mailed out. If the member's name is not listed in the TAPS section in the next edition you receive, it will be in the following edition.

Once National Headquarters has completed the removal of the member from the National roles, a copy of the Notice of Death form is then sent to the National Chaplain. In addition, a replacement Notice of Death form will be mailed to the person who originally submitted it at the Detachment level.

## **National Chaplain's Responsibility**

Once the National Chaplain receives the member's Notice of Death form, a sympathy card will be mailed out to the person who the member is survived by; as noted on the form. This completes the routing process of this form and gives closure, at all levels, for this member.

**NOTE** – If the time from the date of death of the member and when the National Chaplain has received the form exceeds 60 days, a sympathy card will **NOT** be mailed out, so do not allow any delay at the Detachment and Department levels in getting this form submitted.

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# — NOTICE OF DEATH — MARINE CORPS LEAGUE

\_\_\_\_\_ of the \_\_\_\_\_  
*(Leaguer's Name)*

Detachment, Marine Corps League did answer his/her final Earthly Roll Call on

\_\_\_\_\_. The deceased is survived by \_\_\_\_\_  
*(Date)* *(Relation's Name)*

\_\_\_\_\_ who resides at: \_\_\_\_\_  
*(Relationship)*

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Membership No. \_\_\_\_\_ PLM No. \_\_\_\_\_ Detachment No. \_\_\_\_\_

Comments:

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(1) A sympathy card will be sent if this notice is received within sixty (60) days from the date of death, unless otherwise requested.

(2) A replacement form will be sent to the individual submitting this form.

Detach and retain bottom copy. Forward balance to Department Chaplain. Department Chaplain retain bottom copy and forward balance to National Headquarters. National Headquarters will forward form to National Chaplain.

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