

KVAC HERITAGE UNIT

REPORT OF DEATH

KVA UNIT No _____

Membership No. _____

Date TOS _____

Surname Name _____ Given Name & Initial _____

Address _____ City _____ Prov. _____ Postal code _____

Next of Kin Name _____

Address _____

City _____

Telephone _____

REGIMENTAL AFILIATION _____

Date of Birth Day _____ Month _____ Year _____

Date of Death Day _____ Month _____ Year _____

Place of Death City _____ Prov _____

WHEN COMPLETED PLEASE FORWARD TO:

Dave Davidson

Heritage Unit Membership Chairman

12-280 Thaler Ave.,

Kitchener ON N2A 1R6

Or email to dad99@rogers.com