

WVARSE DECEASED MEMBERS REPORT
(Since June 2023)

COUNTY _____

Due June 1, 2024

NAME _____ TITLE _____

ADDRESS _____ PHONE _____

CITY/ STATE/ ZIP _____ EMAIL _____

Please type or print the names of all deceased West Virginia School Employees who resided in your county (first Name last Name) in alphabetical by last name. Please double check for correct spelling and use the deceased's official name. Please place an asterisk * beside the name of all annual WVARSE members and a double asterisk ** beside the name of all life WVARSE members.

Send this report to: Your Regional I&P Chair

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Use additional sheet of paper if needed