

DEPARTMENTAL D'ILLINOIS  
DECEASED PARTNER TRANSMITAL FORM

SALON NAME: \_\_\_\_\_

SALON NUMBER: \_\_\_\_\_

AREA NUMBER: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PARTNER NAME: \_\_\_\_\_

DEPARTEMENTAL OR NATIONAL OFFICES HELD: \_\_\_\_\_

\_\_\_\_\_

PETIT SALON OFFICES HELD: \_\_\_\_\_

\_\_\_\_\_

**NEXT OF KIN**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_