



Dr. Jorge O. Ayala, *Superintendent*

DECEASED EMPLOYEE DATA SHEET

DECEDENT _____ DATE OF DEATH _____

PLACE OF DEATH:

CITY _____ COUNTY _____ STATE _____

NEXT OF KIN _____ RELATIONSHIP _____

ADDRESS _____

(Street)

(City)

(State)

(Zip Code)

AFFIDAVIT MAILED _____ WARRANT MAILED _____

NOTES: _____

Form #PR017

Revised 2/01

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