

Glass, Molders, Pottery, Plastics & Allied Workers

DEATH BENEFICIARY DEPARTMENT

NOTICE OF DEATH FORM

Date: _____

You are hereby advised that Brother/Sister

Social Security No. _____

died on the _____ day of _____

Please send the necessary papers to be filled out.

Local No. _____

Person Reporting Death: _____

Beneficiary: _____

Forward this notice to:
GMP International Secretary-Treasurer
608 E. Baltimore Pike
P.O. Box 607
Media, PA 19063-0607