

Saint Augustine's College

National Alumni Association DECEASED ALUMNI INFORMATION FORM

Name: _____
Title First Middle/Maiden Last

Address: _____
Street Apt#
_____ City State Zip Code

Telephone: Home: () _____ Business: () _____

Date of Birth: ___/___/___ S.S. #: ___-___-___ *Date of Matriculation: ___/___/___

Year of Graduation: _____ Major: _____

Marital Status: Single Married Divorced Race/Ethnic Origin: _____

Employer: _____

Address: _____

Business Title: _____

Greek Affiliation: _____ Date Pledged: _____

***Please provide a copy of the funeral program.**

Mail To:
National Alumni Association
Saint Augustine's College
P.O. Box 28122
Raleigh, NC 27611-8122