



Report of the Death of a Member

Instructions:

This report is to be prepared by the chapter and sent to each of the following:

- Executive Coordinator,
 - State Organization President
 - State Organization Treasurer
 - State Organization Membership Chair (or Necrology Chair, where applicable)
- Keep one copy for chapter files

Chapter _____ State (Geographic Name) _____

ΔΚΓ Member Identification Number _____ Date of Death _____

Name of Deceased Member _____
 (Title) (First) (Middle) (Last)

Residence at Time of Death _____
 (Street, R.F.D., P.O. Box)

_____ (City) (State) (Zip)

_____ (Country)

Delta Kappa Gamma and Professional Information

Date of initiation _____

Contributions to/participation in Delta Kappa Gamma:

Contributions to education:

Name and address of closest relative (specify relationship) or friend:

President _____

Address _____
