



# Report of the Death of a Member

## **Instructions:**

This report is to be prepared by the chapter president immediately upon the death of a member. A copy is to be sent to each of the following:

- Executive Coordinator, P.O. Box 1589, Austin, TX 78767-1589
- State Organization President
- State Organization Treasurer
- State Organization Membership Chair (or Necrology Chair, where applicable)
- Keep one copy for chapter files

Chapter Click here to enter text. State (Geographic Name) Click here to enter text.

ΔΚΓ Member Identification Number Click here to enter text. Date of Death Click here to enter text.

Name of Deceased Member Click here to enter text.  
 (Title) (First) (Middle) (Last)

Residence at Time of Death Click here to enter text.  
 (Street, R.F.D., P.O. Box)

Click here to enter text.  
 (City) (State) (Zip)

Click here to enter text.  
 (Country)

## **Delta Kappa Gamma and Professional Information**

Date of initiation Click here to enter text.

Contributions to/participation in Delta Kappa Gamma:

Contributions to education:

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

President Click here to enter text.

Address Click here to enter text.