

The Delta Kappa Gamma Society International

Report of the Death of a Member

DIRECTIONS: Chapter President will prepare this report IMMEDIATELY upon the death of a chapter member, including chapter honorary members. State president will prepare this report IMMEDIATELY upon death of a state member or state honorary member. **Complete this report after the death of a member, print out five (5) copies, and IMMEDIATELY send the copies as designated:**

1. Executive Coordinator, P.O. Box 1589, Austin, TX 78767-1589.

2. State President

3. State Treasurer

4. State Membership Chairman

5. Keep for the chapter files .

Form 6

Chapter _____ State (Geographic Name) _____

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/Province) (Zip/Postal Code)

(Country)

DELTA KAPPA GAMMA AND PROFESSIONAL INFORMATION

Chapter into which member was initiated _____
(Chapter) (State)

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 _____
