



Report of the Death of a Member

Instructions:

This report is to be prepared by the member's immediate family member or friend who was present at the death and sent to each of the following:

- Membership Services A
- State Organization Treasurer
- State Organization Membership Chair (or Necrology Chair, where applicable)

Chapter State (Geographic Name)

DKG 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:

Hard copies are available upon request. Use Form 1 to order copies.

INTERNATIONAL / STATE ORGANIZATION