



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:

Membership Services Administrator, P.O. Box 1589, Austin, TX 78767-1589, Email: mem@dkg.org
 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 Society 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.