



## 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 emailed to each of the following:

Membership Services Email: [mem@dkg.org](mailto: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 ☐ Dr. \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

(Country) \_\_\_\_\_

### Delta Kappa Gamma Society and Professional Information

Date joined: \_\_\_\_\_

Contributions to/participation in Delta Kappa Gamma:

Contributions to education:

Name and mailing address of closest relative (specify relationship) or friend:  
(Sympathy Card will be mailed on behalf of the Society if reported within 3 months of date of death)