

Deceased Member Report

Deceased Brother's Information:

_____ Last	_____ First	_____ MI	_____ Control #	_____ LM#
_____ Street			_____ Date of Death	
_____ City/State/ Zip				
_____ Current Chapter			_____ Chapter Location	
_____ Initiating Chapter			_____ Date of Initiation	
_____ Chapters Offices Held				
_____ District Offices Held				
_____ International Offices Held				

Family Information: (please enter name and address where condolences are to be sent)

_____ Name	_____ Relationship
_____ Street	
_____ City/State/Zip	

Funeral Services:

Date: _____
Time: _____
Location Name: _____
Location Street: _____
Location City/ St/Zip: _____

Omega Service:

Date: _____
Time: _____
Location Name: _____
Location Street: _____
Location City/ St/Zip: _____

Brother Submitting Information:

_____ Name	_____ Email
_____ () - Phone	

Comments: Revised 11/21/06