

10.04F

# Georgia Society

## Obituary Report of Deceased Member

(For submission to State Secretary & State Chaplain)

Use the TAB KEY to advance to the next Shaded Field to enter information



State Society: Georgia National No \_\_\_\_\_

Chapter: \_\_\_\_\_ Georgia No.: \_\_\_\_\_

Filing Date: \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Cemetery: \_\_\_\_\_ Location: \_\_\_\_\_

## Next of Kin

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

SAR Activities & Offices Held:

\_\_\_\_\_

Information on Public or Military Service:

\_\_\_\_\_

*Please Attach Copy Of Obituary Or Death Notice.*

Reported by: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Mail or Email One Copy to State Secretary and One Copy to State Chaplain*