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
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:

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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)