



Deceased Compatriot _____

Camp Name _____ # _____

Division _____

Next of Kin * _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Additional Kin _____

Address _____

City _____ State _____ Zip _____

Deceased Date ____ / ____ / ____

Notification Sent To:

- International Headquarters
- Chaplain-in-Chief
- Department Commander
- Department Chaplain
- Division Commander
- Division Chaplain

* Necessary for the Chaplain-in-Chief to Send Condolences on Behalf of the National Organization.

TO BE FILLED OUT BY CAMP COMMANDER OR ADJUTANT

Name of Person Filing Report _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____

