

Please use this form for **reporting deaths to the State Chaplain**, as we use this as a file copy

FOR STATE CHAPLAIN'S USE
ACKNOWLEDGED _____
MEMORIAL SVC _____

REPORT OF DECEASED DAR MEMBER

CHAPTER _____ CHAPTER NUMBER _____

DECEASED MEMBER _____

Given Name/s Maiden Name Married Name

Husband's name (If applicable: Mrs. John)

Date of Death _____ National Number _____

Past or Present State/National Offices held

Name and Address of Next of Kin - VERY IMPORTANT!!

Name and Address of Person in Chapter Submitting information:

Please send this form as soon as possible to:

Retha Blecha, KSDAR Chaplain
2558 Granite Road
Munden, KS 66959-8011

Email: rethablecha@hotmail.com