"IN MEMORIAM" REPORT FORM
USE TO REPORT DEATHS TO BE PUBLISHED IN THE UDC MAGAZINE
2008-2009

Chapter Name & Number: _____

District # _____ Number of Chapter Members: _____

Chapter Chairman's Name: _____

Address: _____

_____

E-mail _____ Phone Number: (_____) _____

Name of Deceased: _____
First Middle Maiden Surname

Full name of husband (if married) _____

Date of Death: _____

Chapter Name & Number: _____District: _____

Chapter Location or City: _____ State: Florida

This form should be completed as soon as possible after the death of a member and sent to the Division Chaplain. PLEASE DO NOT wait until the end of the year to submit this form.

Please complete this form and mail to our Florida Division Chaplain:

Delicia Wallnofer (Mrs. Jeff)
1607 W. Granfield Avenue
Plant City, FL 33563-4711

Phone Number: (813) 752-1802 E-mail: deliciaclaudette@msn.com

Revised 2009