



Chapter No. \_\_\_\_\_

**NOTICE TO BE COMPLETED BY CHAPTER SECRETARY  
AND SENT TO THE GRAND CHAPLAIN  
UPON THE DEATH OF A FLORIDA SUBORDINATE CHAPTER MEMBER  
PLEASE FURNISH THE FOLLOWING INFORMATION**

Chapter Name \_\_\_\_\_ Number \_\_\_\_\_

Deceased Member's Name \_\_\_\_\_

Office or Title \_\_\_\_\_

Date of Death \_\_\_\_\_

Survivor's Information - where to send acknowledgment

Name \_\_\_\_\_

Address \_\_\_\_\_

Secretary's Name \_\_\_\_\_

Secretary's Address \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return form to Grand Chaplain

Revised July 2011