

United Daughters of the Confederacy®

DECEASED MEMBER FORM

Period September 1 until August 31

Please complete this for each daughter in your Chapter who passed away between September 1 and August 31. Return the form to the Division Chaplain immediately so they may be acknowledged and included in the Division Memorial Service. The Division Chaplain will report all deaths to the Chaplain of General and the UDC Magazine.

FULL NAME: _____

ADDRESS: _____

Date of Birth: _____ Date of Death: _____

Current Chapter: _____

Chapter President: _____

Status at Time of Death:

____ Real Daughter

____ EX President General, years of term, _____ - _____

____ Honorary President of General

____ General Officer, current or past, years of term, _____ - _____

____ Division President or Officer, years of term, _____ - _____

____ Chapter Officer or Member, years of term, _____ - _____

Name of Confederate Ancestor: _____

Ancestor's Company or Assignment: _____

Name of Next of Kin: _____

Address: _____

Relation to Member: _____

Send to: Donna W. Snipes, Division Chaplain
2534 Peake Rd., Oxford, NC 27565-7963
919-339-9804
granvillelady@hughes.net

FORM MAY BE COPIED