Quarterly Chaplain's Deceased Report

Chaplain's Name: _____

State:_____   **Post:** _____

Quarter: (Highlight or circle the quarter that applies) Jan-Mar/Apr-Jun/Jul-Sep/Oct-Dec   **Year:** _____

Member #	Member Name First and Last Name	Death Date mm/dd/yy	Post# numbers only	Was the Deceased Member Notification Form completed and sent to National?	Has the Carillon Certificate been presented to the family?
Ex: 1234567	John F. Smothers	02/25/23	20987	Yes	No

Please submit this report on the 1st day after the previous quarter (ex: Jan-Mar, due April 1) to your Department Chaplain, cc: District Chaplain and National Chaplain.

Chaplain's Signature: _____   Date: _____