**Ohio State Organization/Delta Kappa Gamma Society International**

**Chapter Necrology Report/Form #2**

***Due February 1, 2024***

**Directions:**

Send **one** copy to State Membership Committee Chair, Michele Maniskas, 738 Warner Ave. Logan, Ohio or e-mail copy to membership@dkgohio.org. We will use this to verify our current records for member inclusion in the STATE NECROLOGY SERVICE at spring convention.

**GREEK NAME of CHAPTER** (e.g. Alpha) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter President**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter President’s Phone Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter President’s E-mail Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of this Report** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.** Number of deceased members since last year’s report (February 1, 2023). Be sure that all

names listed in this report have been sent to Society Headquarters, the State Treasurer and

the State Membership Chair on Form 6.

**2.** List alphabetically all deceased members. *If there are none write* ***NONE*** *in the form*

*below.* Please print or type-last name first. Use additional pages if necessary.

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| **ID Number** | **Last Name, First Name** | **Address** | **Date of**  **Death** |
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