

**NATIONAL SOCIETY DAUGHTERS OF COLONIAL WARS, INC.
DECEASED MEMBER**

State Society _____

Deceased Member's Name

First	Maiden or Middle	Surname	Husband's name
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Date of Death _____	Date of Birth _____
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National Number _____	State Number _____
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Date of Admission _____

Daughters of Colonial Wars Activities:

Organizing Member _____	Date _____
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Charter Member _____	Date _____
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State President _____	Date _____
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National Officer (Please list office or offices held)

_____	Date _____
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National Chairman (Please list committee)

_____	Date _____
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National Vice Chairman (Please list committee)

_____	Date _____
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(List Additional Activities on the Reverse Side of Form)

Next of kin of deceased to whom condolences may be sent:

Name: _____	Relationship: _____
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Address: _____	
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City: _____	State: _____	Zip Code: _____
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Report prepared by: _____	Office: _____
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City: _____	State: _____	Zip Code: _____
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PLEASE PROVIDE OBITUARY IF AVAILABLE

Please send this report to: Mrs. Peter A. Leo, National Chaplain NSDCW
125 Cedar Ridge Road
Butler, PA 16001-1666