



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: _____
