



DECEASED MEMBER FORM



INSTRUCTIONS: Complete applicable fields then submit the form electronically to/through the chapter KRS for review and submission to appropriate District and IHQ officials for further processing. Include a copy of the deceased Brother's obituary and/or copy of the biographical sketch. Also submit a recent photograph of the deceased Brother in a suit/sport coat and tie – preferably head and shoulder shot – in a .JPEG or .GIF format.

Deceased Member Information

Last Name	First Name	MI	Control #	LM #
Last Known Address		City	State	Zip
Initiated Chapter	Initiated Chapter Location		Date Initiated	
Current Chapter if Financial <i>(or enter "Reclaimable")</i>	Current Chapter Location		Date Affiliated	
Chapter Offices Held				
District Offices Held				
International Offices Held				

Family & Funeral Service Information *(enter contact name and address of where condolences may be sent)*

		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deceased Member's Contact <i>(enter full name)</i>	Relationship to Deceased	Member of Omega Psi Phi?	
Mailing Address	City	State	Zip
Funeral Service		OMEGA Memorial Service for Funeral	
Date:		Date:	
Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Location Name:		Location Name:	
Location Address:		Location Address:	
Location City, State, Zip:		Location City, State, Zip:	
Presiding Chapter:			

Brother Submitting Information

Name	Phone #	Email
Comments		

Attachments: Obituary included Biographical sketch included