



Deceased Com Patriot _____

Camp Name _____

Division _____

Next of Kin * _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Additional Kin _____

Address _____

City _____ State _____ Zip _____

Deceased Date / /

Notification Sent to:

- International Headquarters
- Chaplain-In-Chief
- Department Commander
- Department Chaplain
- Division Commander
- Division Chaplain
- Division Adjutant

* *Necessary for the Chaplain-in-Chief to Send Condolences on Behalf of the National Organization.*

TO BE FILLED OUT BY CAMP COMMANDER OR ADJUTANT

Name of Person filing Report _____

Address _____

City _____ State _____ Zip _____

Telephone Number () - _____

