



GENERAL SOCIETY WAR OF 1812
NECROLOGY REPORT FORM

To: CHAPLAIN GENERAL

Rev. Dr. Robert G. Carroon
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NAME OF DECEASED MEMBER: _____

NATIONAL NUMBER: _____ SOCIETY MEMBERSHIP NUMBER: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

CHAPTER/STATE/NATIONAL OFFICES HELD: _____

NAME AND ADDRESS OF KIN: _____

IF POSSIBLE INCLUDE A COPY OF THE OBITUARY.

NAME OF PERSON SUBMITTING INFORMATION: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

COPY THIS FORM: YOU MAY SCAN AND EMAIL THE FORM, IF YOU PREFER.

IF YOU ARE MAILING THE FORM, PLEASE MAKE FIVE COPIES; ONE FOR EACH OF THE FOLLOWING:

1. CHAPTER AND/OR STATE PRESIDENT
2. CHAPLAIN GENERAL: REV. DR. ROBERT G. CARROON, 24 PARK PLACE #22A, HARTFORD, CT 06106-5029
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