



Deceased Compatriot: _____ SCV ID#: _____

Camp Name & Number: _____

Division: _____

* Next of Kin: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Kin: _____

Address: _____

City: _____ State: _____ Zip: _____

Deceased Date: ____ / ____ / ____

Notification Sent To: (please check)

___ General Headquarters: membership@scv.org

___ *Chaplain -in-Chief: cecilafayard@msn.com

___ Division Adjutant

___ Division Chaplain

* 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: (____) _____

