



Deceased Compatriot: SCV ID#

Camp Name and Number:

Division:

*Next of Kin: Relationship:

Address:

City: State: Zip:

Additional Kin:

Address of Kin:

City: State: Zip:

Deceased Date: / /

Please send notifications to:

___ General Headquarters (membership@scv.org)

___ *Chaplain in Chief (ChaplaininChief@scv.org)

___ Texas Division Adjutant (respln@flash.net)

___ Texas Division Chaplain (txdivchaplain@gmail.com)

*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 out report:

Address: Email address:

City: State: Zip:

Telephone number:

