

**DECEASED MEMBERS REPORT
STATE OF NEVADA**

Post Name _____ Post # _____

Date of Report _____

Name of Deceased Member _____

Address _____

Date of Death _____

Membership Number _____ Life Member _____

Next of Kin _____

Address _____

Remarks _____

Post Chaplain _____

District Chaplain _____

Mail or email to State Chaplain:

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