

United Daughters of the Confederacy®
DECEASED MEMBER FORM
Period September 1 until August 31

Please complete this for each daughter in your Chapter who passed away between September 1 and August 31. Return the form to the Division Chaplain immediately so they may be acknowledged and included in the Division Memorial Service. The Division Chaplain will report all deaths to the Chaplain of General and the UDC Magazine.

Member's Full Name: _____

Husband's Name: _____

Address: _____

Date of Birth: _____

Date of Death: _____

Chapter Name & #: _____

Chapter City & State: _____

Division or Chapter Where No Division: _____

Chapter President: _____

Status at Time of Death

- Real Daughter
- Honorary President of General
- Honorary President of Division
- General Officer, Current or past, years of term _____
- Division President or Officer, years of term _____
- Chapter Officer, Current or past years of term _____
- Number of Years a UDC Member _____

Name of Confederate Ancestor: _____

Ancestor's Company or Assignment: _____

Name of Kin: _____

Address: _____

Relation to Member: _____

Send to: Division or CWND Chaplain

Name: _____

Address: _____

Email: _____

For Division or CWND Chaplain Use Only: Date sent to UDC Magazine: _____