Ohio State Organization/Delta Kappa Gamma Society International
Chapter Necrology Report/Form #2
Due February 1, 2024

Directions:
Send **one** copy to State Membership Committee Chair, Michele Maniskas, 738 Warner Ave. Logan, Ohio or e-mail copy to membership@dkgohio.org. We will use this to verify our current records for member inclusion in the STATE NECROLOGY SERVICE at spring convention.

GREEK NAME of CHAPTER (e.g. Alpha) _____

Chapter President _____

Chapter President's Phone Number_____

Chapter President's E-mail Address _____

Date of this Report _____

1. Number of deceased members since last year's report (February 1, 2023). Be sure that all names listed in this report have been sent to Society Headquarters, the State Treasurer and the State Membership Chair on Form 6.

2. List alphabetically all deceased members. *If there are none write **NONE** in the form below.* Please print or type-last name first. Use additional pages if necessary.

ID Number	Last Name, First Name	Address	Date of Death