



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 Membership (membership@scv.org)

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

___ SC Division Adjutant (scdivadjutant@gmail.com)

___ SC Division Chaplain (scdivchaplain@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: _____

