



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)

____ Division Adjutant

____ Division Chaplain

*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: _____

