

INFORMATION FOR MEMORIAL SERVICE

Departed Sister's Name _____

Name and Number of Chapter _____

Joined ESA where and when _____

Surviving Family _____

Chapter activities & offices held locally _____

District or State Involvement _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Other Information About Her and Other Activities _____

Will the President of Chapter or appointed member be able to assist in honoring her at the Sunday Services at State Convention?

If so, Please identify her by name: _____

Please complete the above and send to me as soon as possible as I need to forward this information to the IC Chaplain. Thank you for your promptness!

State Chaplain

(Check NEWS & VIEWS for mailing address of current State Chaplain)

Reproduce this form as necessary.