

CHAPTER JONQUIL REPORT TO STATE CHAPLAIN

Please complete this form immediately following the birth, wedding, illness, death, etc. involving an ESA Sister. Send the completed form to the State Chaplain. Her name and address can be found in the News & Views. Notices may be sent via e-mail to the State Chaplain at esaprayers@esaks.org

Submitted by: Name: _____ Office: _____
Address _____ Town _____ Zip: _____
Chapter Name _____ Chapter Number: _____
Chapter Town _____ Zip: _____

Member's Name _____
Member's Address _____
Town _____ Zip: _____

State Reason for Submission:

_____ Birth of _____ Date: _____
_____ Wedding of _____ Date: _____
_____ Illness/Surgery/Accident Name of Person: _____
_____ If family member, relationship _____
_____ Death of Member _____ Date: _____
_____ Next of Kin _____
_____ Address _____
_____ Death in Member's Family _____ Name: _____
_____ Date _____ Relationship _____
_____ Other _____

In the circumstances section below, please provide pertinent information regarding births and weddings; explanation of illness/surgery/accident; cause of death; any other information you feel would be helpful.

Circumstances: _____

If message is sent by-mail, please provide the information listed above. **In** case of the death of a member a follow-up sheet will be sent to the chapter to assist in the Memorial Service at Convention. **In** all cases promptness is important as cards are sent upon the receipt of this notice.

REPRODUCE THIS FORM AS NECESSARY