



REPORT TO INDIANA STATE COUNCIL CHAPLAIN

(This form can be downloaded, completed, saved to your desktop, and e-mailed to the Chaplain.)

DATE: _____

MEMBER'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

MARRIAGE

Date: _____

Spouse's Name: _____

BIRTH

Date: _____

Boy Girl Name: _____

BIRTHDAY (80 OR OLDER)

Birthday: _____

Age (If they don't mind): _____

ILLNESS OR ACCIDENT (Specify nature of illness/accident & any other pertinent details)

DEATH

Date: _____

Name & Address of Next of Kin: _____

If not a member, state name of member & relationship: _____

List cause of death, if possible: _____

SPECIAL RECOGNITION

What: _____

Why: _____

SUBMITTED BY: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

RETURN THIS FORM TO:

**Jan Lantz
Chaplain
4920 Sundance Trail
Indianapolis, IN 46239
jlantz4@gmail.com**