



DECEASED MEMBER UPDATE

Date Submitted: _____ Circle Name: _____

Reporting Person: _____

Deceased Member:

First and Last Name: _____

Date deceased: _____

Address: _____

City: _____ State: _____ Zip: _____

***Please provide the KD office with a photo of the deceased member so we may include it in our memorial slide show at the October Annual Recognition Meeting.**

**Pictures may be mailed to address below or emailed to info@kingsdaughters.org
Mailed pictures will be returned at your request.**

Please submit picture as soon as possible, but no later than June 30th.

Submit completed form to:

The King's Daughters | 601 Children's Lane, 2nd floor | Norfolk, VA 23507
Tel: 757.668.7098 | Fax: 757.668.8907 | Email: info@kingsdaughters.org