



Deceased Compatriot: \_\_\_\_\_ SCV ID#: \_\_\_\_\_

Camp Name & Number: \_\_\_\_\_

Division: \_\_\_\_\_

\* Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Kin: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Deceased Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notification Sent To: (please check)

\_\_\_ General Headquarters: [membership@scv.org](mailto:membership@scv.org)

\_\_\_ \*Chaplain -in-Chief: [drparker@mdivs.edu](mailto:drparker@mdivs.edu)

\_\_\_ 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 report: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_



General Headquarters \* P.O. Box 59 \* Columbia, Tennessee 38402-0059 \* Fax (931) 381-6712