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| --- | --- | --- | --- | --- | --- | --- |
| **A picture containing icon  Description automatically generated** | DAV Department of South Carolina  **Resolution Data Sheet for Deceased Members** | | | | |  |
|  | | | | | | |
| Deceased Member Information: | | | | | | |
| **Chapter Name:** Select Chapter Name | | | | **Chapter Number:** Select Chapter No. | | |
| **Name of Deceased:** Input Name | | | | | | |
| **Membership No.:** Input Membership No. | | | | | | |
| **Office Held:** Input Offices Held | | | | | | |
| **Date of Death:** Select date | | | | | | |
| Note: On all dates, you can just select the day and month and change the year by typing it in. | | | | | | |
| **Branch of Service:** Choose Branch | | | | | | |
| Note: Hit the plus to the right to add additional branches | | | | | | |
| **Decorations (Medals):** Enter Decorations | | | | | | |
| Note: Hit the plus to the right to add additional Decorations | | | | | | |
| **Date of Enlistment:** Select date | | | **Date of Discharge:** Select date | | | |
|  | | | | | | |
| Family Contact Information: | | | | | | |
| Does member have a spouse? Select Yes or No | | | | | | |
| If not spouse, how are they related to member? Enter Relationship | | | | | | |
| **Name:** Enter Name | | | | | | |
| **Address:** Enter Address. | | | | | | |
| **City:** Enter City | | **State:** Enter State | | | **Zip:** Enter Zip | |
| **Phone Number:** Enter Phone Number | | | | | | |
|  | | | | | | |
| Form Submitted by: | | | | | | |
| **Submitted by:** Enter Name | | | | | | |
| **Date of Submission:** Select date | | | | | | |
| **Office Held:** Enter Title | | | | | | |
|  | | | | | | |
| Form Received | | | | | | |
| **Received by:** | | | | | | |
| **Date Received:** | | | | | | |