[](https://www.google.com/imgres?imgurl=https://lcl.okstate.edu/gogreek/site-files/images/omega_psi_phi_crest.jpg&imgrefurl=https://lcl.okstate.edu/gogreek/chapters/omega-psi-phi-fraternity-inc.html&docid=t0fKP5WxLSLE6M&tbnid=q7WPiaXZbbbtUM:&vet=10ahUKEwjVtMap-qTfAhVRzlkKHVTLCWIQMwimASgAMAA..i&w=274&h=287&bih=723&biw=807&q=omega%20psi%20phi%20logo&ved=0ahUKEwjVtMap-qTfAhVRzlkKHVTLCWIQMwimASgAMAA&iact=mrc&uact=8)



**DECEASED MEMBER FORM**

**INSTRUCTIONS:** Complete applicable fields then submit form electronically to/through the chapter KRS for review and submission to appropriate District and IHQ officials for further processing. Include a copy of the deceased Brother’s obituary and/or copy of the biographical sketch. Also submit as a recent a photograph of the Brother in a jacket and tie – head and shoulders – in .jpeg or .gif format. See also the [Honor Guard webpage](https://www.opp2d.org/honor-guard) for information on preparing/presenting a Resolution.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Deceased Member Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | |  | |  |  | | | | |  | |  |
| Last Name | | | | First Name | | | | | | | | | | | | | | | MI | |  | Control # | | | | |  | | LM # |
|  | |  |  | | | | | | |  | | | | |  | | |  | | | | |  | | | | | | |
| Date of Birth | |  | Date of Death | | | |  | | | | | | | | |  | |  | | | | |  | | | | | | |
|  | | | | | | | | |  | | | | |  | | | | | | | | | |  |  | |  | |  |
| Last Known Address | | | | | | | | | | | City | | | | | | | | | | | | |  | State | |  | | Zip |
|  | | | | | | | | |  | | | |  | | | | | | | | | | | | |  | |  | |
| Initiated Chapter | | | | | | | | |  | | | | Initiated Chapter Location | | | | | | | | | | | | |  | | Date Initiated | |
|  | | | | | | | | |  | | | |  | | | | | | | | | | | | |  | |  | |
| Current Chapter if Financial *(or enter “Reclaimable”)* | | | | | | | | |  | | | | Current Chapter Location | | | | | | | | | | | | |  | | Date Affiliated | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chapter Offices Held | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District Offices Held | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| International Offices Held | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family & Funeral Service Information** *(enter contact name and address of where condolences may be sent)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | |  | | | | | | | | | | | |  | Yes  No | | | | |
| Deceased Member’s Contact *(enter full name)* | | | | | | | |  | | | | Relationship to Deceased | | | | | | | | | | | |  | Member of Omega Psi Phi? | | | | |
|  | | | | | | | |  | | | |  | | | | | | | | | | | |  |  | |  | |  |
| Mailing Address | | | | | | | |  | | | | City | | | | | | | | | | | |  | State | |  | | Zip |
|  | **Funeral Service** | | | | | | | | | | | | | | | | | | **OMEGA Memorial Service for Funeral** | | | | | | | | | | |
| Date: |  | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| Time: | a.m.  p.m. | | | | | | | | | | | | | | | | |  | | a.m.  p.m. | | | | | | | | | |
| Location Name: |  | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| Location Address: |  | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| Location City, State, Zip: |  | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
|  | Presiding Chapter: | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| **Brother Submitting Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | | | | | | |  | |  | | | | | | | | | | |
| Name | | | | |  | Phone # | | | | | | | | | | |  | | Email | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Attachments:**  Obituary included  Biographical sketch included