



Society of Confederate Descendants

LAST ROLL CALL

Deceased Compatriot's Name: _____ Membership Number: _____

Chapter: _____ Deceased Date: _____

Next of Kin: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Additional Kin: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

TO BE FILLED OUT BY CHAPTER PRESIDENT OR SECRETARY

Name of person filing out report: _____

Address: _____

City: _____ State: _____ Zip: _____

Chapter: _____

Telephone number: _____ Email address: _____

Title: _____

Please mail the completed form to:
Society of Confederate Descendants
P. O. Box 1861
Mount Pleasant, TX 75456-1861