



LOCAL MEMORIALS REPORT

Date Mailed / / Local Unit Region

Local Memorials Chair _____

Address _____ City _____ Zip _____

Phone (_____) _____ - _____ Email _____

Instructions:

- Mail your report to the State Office:

*NCRSP
Attn: Memorials
3700 Glenwood Ave., Ste 510
Raleigh, NC 27612*

- Use as many copies of this form as necessary, but number all pages (*see bottom of page*).
- Send copies of all deceased members' names to your Regional Memorials Chair monthly.
- Do **not** submit names that were on the previous year's list.
- All Local Memorial Reports due to State Office by February 10th to be reflected in State Memorial Recognitions.

Deceased Member's Name <i>(Please list alphabetically by last name. Check the box if member has emeritus status)</i>	Member ID#	Date of Death
<input type="checkbox"/> <i>emeritus</i>		
<input type="checkbox"/> <i>emeritus</i>		