Ancient Order of Hibernians in America

Virginia State Board

Report of the Death of a Member

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| Full Name of Deceased | Click here to enter text. |
| Date of Death | Click here to enter text. |
| Next of Kin Name | Click here to enter text. |
| Relationship to Deceased | Click here to enter text. |
| Street Address | Click here to enter text. |
| City, State, Zip | Click here to enter text. |
| Division Name | Click here to enter text. |
| Division # (e.g. FA01) | Click here to enter text. |
| Date of Report | Click here to enter text. |
| Reporting Officer | Click here to enter text. |
| Comments (Optional) | Click here to enter text. |

Please email to the Vice President, Virginia State Board as soon as practical.