

# OMEGA CHAPTER CITATION FORM

The form is submitted on behalf of brothers who have passed since last meeting of the Georgia State Conference. Please include picture of brother. Submit Completed Form to: [Georgiasigmag@gmail.com](mailto:Georgiasigmag@gmail.com) AND [rooseveltministries@gmail.com](mailto:rooseveltministries@gmail.com)

Brother's Name: \_\_\_\_\_ Date of Transition: \_\_\_\_\_  
\_\_\_\_\_ Chapter of Initiation: \_\_\_\_\_ Semester/Quarter of Initiation: \_\_\_\_\_  
\_\_\_\_\_ Current Chapter: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
\_\_\_\_\_

## Next of Kin

Name: \_\_\_\_\_ Relationship to Deceased Brother: \_\_\_\_\_

Number and Street Name or P.O. Box

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Apt No \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Submitted by: \_\_\_\_\_ Signature: \_\_\_\_\_

Chapter: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number and Street Name or P.O. Box

\_\_\_\_\_ Apt No \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_