# Necrology Tips

Robyn Rucker, Necrology Chair and the Necrology Committee

Area Workshops 2022

Updated 9/2023 by Dianne McCorcle, Necrology Chair 2023-2025

# Who do I send the Form 6 to:

- 1) Dianne McCorcle- Necrology Chair
  - necrologytso@gmail.com
- 2) Leesa Cole—TSO Executive Secretary/State Treasurer
  - tsosecretary29@gmail.com
- 3) International DKG Membership Services mem@dkg.org



#### Report of the Death of a Member

#### Instructions:

This report is to be prepared by the chapter president immediately upon the death of a member. A copy is to be emailed to each of the following:

Membership Services Email: mem@dkg.org State Organization Treasurer State Organization Membership Chair (or Necrology Chair, where applicable)

Chapter State (Geographi	c Name)			
DKG Member Identification Number		Date of Death		_
Name of Deceased Member Dr.				
-	(First)	(Middle)	(Last)	
Mailing Address				
City	State		Zip/Postal Code	
Delta Kappa (		Society armation	nd Profes	sional
Contributions to/pa	- articipatio	on in Delta	Kappa Ga	ımma:
Contributions to ed	lucation:			
Name and mailing		of closest r	elative (sp	ecify

(Sympathy Card will be mailed on behalf of the Society if

reported within 3 months of date of death)

### How to Fill Out Form 6

- \* Before you fill out the Form 6, please make sure that the deceased member is good standing.
- Name of current chapter and state (Texas)
- 2) DKG Member's number
- 3) Date of Member's Death
- 4) Name of the deceased member (First, Middle, and Last Name) make sure you indicate if the deceased was a Dr.
- 5) Mailing Address at time of death (Mailing Address, City, State, Zip Code, Country (USA))



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Chapter State (Geograp	hic Name)			
OKG Member Identification Numb	er	Date of Death_		
Name of Deceased Member Dr.				
	(First)	(Middle)	(Last)	
Mailing Address				
City	State		Zip/Postal Code	
Delta Kappa		Society an mation	d Professi	onal
Contributions to/p	— participatio	on in Delta	Kappa Gam	ıma:
Contributions to e	education:			
Name and mailing	200	of closest re	elative (spec	ify

(Sympathy Card will be mailed on behalf of the Society if

reported within 3 months of date of death)

# How to Fill Out Form 6

Delta Kappa Gamma Society and Professional Information – Please check your chapter archives for this information.

Date of Induction – when did the deceased become a DKG Member

Contributions to/participation in Delta Kappa Gamma – what did the deceased member do at the chapter, state, and international level?

Contributions to education – what were her teaching assignments, honors, and awards



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Chapter State (Geographic	Name)			
DKG Member Identification Number		Date of Death_		_
Name of Deceased Member Dr.				
Mailing Address	(First)	(Middle)	(Last)	
City	State		Zip/Postal Code	
(Country)				
Delta Kappa (		Society an mation	nd Profess	sional
Contributions to/pa	rticipation	n in Delta	Kappa Ga	mma:
Contributions to ed	ucation:			
Name and mailing relationship) or frie (Sympathy Card wi	end:			-

reported within 3 months of date of death)

## How to Fill Out Form 6

\* Where to send a sympathy card

Please share the name and mailing address (specify relationship) – family member or friend



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Chapter St	ate (Geographic Name)		
DKG Member Identifi	cation Number	Date of Death	
Name of Deceased Me	ember Dr. (First)	(Middle)	(Last)
Mailing Address	(Tilst)	(Madic)	(Lust)
City	State	Z	ip/Postal Code
(Country)			

### Delta Kappa Gamma Society and Professional Information

Contributions	to/participation	in Delta	Kappa	Gamma

Contributions to education:

Date of induction

Name and mailing address of closest relative (specify relationship) or friend:

(Sympathy Card will be mailed on behalf of the Society if reported within 3 months of date of death)

### State Necrology Chairman & Committee

- Form 6 is received, and date of receipt is recorded.
- State membership list is checked to confirm status of membership at date of death; International is contacted if necessary.
- Information from Form 6 is recorded, and Form 6 is filed for future use.
- A DKG condolence card is sent to the family member or friend listed on the Form 6.
- Member's name is added to the TSO Book of Memories.
- Member's name is added to the list for publication in the Lone Star News.
- Names of the deceased are sent to International Chairman.
- Ceremony of Life and Remembrance is planned and conducted during the annual TSO Convention.
- Names are printed in the program booklet and read at the service. The information is gathered by the Necrology Chairman from Form 6.
- Book of Memories is displayed at the Ceremony of Remembrance

### Ways Chapters May Honor Their Deceased Sisters

- Hold a memorial service at a meeting.
- Use the TSO website to find ceremonial ideals
   <a href="http://www.dkgtexas.org/necrology-committee.html">http://www.dkgtexas.org/necrology-committee.html</a>
- Ceremony at the funeral service (found on the Texas DKG website or Ceremonies book).
- Members take roses to the family or the service.
- Members wear their pins at the funeral or memorial service.
- Give a contribution to the Society fund or a charity in her name.
- Enter the name into a chapter Book of Memories.
- Look into honoring the member with a plaque.

# Necrology Committee 2021-2023

<u>Chair</u>

Robyn Rucker Kappa Theta Area 16 <u>rucker.tsonecrologychair.2123@gmail.com</u>

### <u>Committee</u> <u>Members</u>

Katherine Bunce Kappa Pi Area 1 somatt225gmail.com Janette Musachia Beta Eta Area 3 immusachia@gmail.com Gretchen Dupnik Gamma Omicron Area 4 gdupnik@sbcglobal.net Precious Chavis Coleman Lambda Beta pmcaka@yahoo.com Area 6 Dianne McCorcle mmccorcle@gmail.com Theta Alpha Area 9 Pam Cook Epsilon Nu Area 10 pamcook2012@yahoo.com Kay Geiger Alpha Kappa Area 12 kgeiger@suddenlink.net Lambda Xi Kimberly Best Area 13 kimberlyannbest1@gmail.com Anita Patton apatton123@sbcglobal.net Zeta Xi Area 14 Area 15 Margie Nelson Rodriquez Theta Iota margaret.nelson27@gmail.com

Nancy Vines Alpha Zeta Area 17 <u>keyofq@yahoo.com</u>

Shalan Inmon, ExOfficio Alpha Sigma Area 12 <u>2123.tso.pres@gmail.com</u>

Necrology Committee 2023-203	25
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Chapter Area First Name Last Name Email Address				
Chapter	Alea	i iist Name	Lastinanie	Littali Address
Theta Alpha	9	Dianne	McCorcle	necrologytso@gmail.com
Mu Tau	1	Melody	Stephenson	jmelstep6@gmail.com
Mu Upsilon	2	Geralann	Barnes	geralannbarnes@gmail.com
Eta Delta	3	Regina	Williams	queenreg62@gmail.com rwilli11@houstonisd.org
Alpha lota	4	Shirley	Karasek	clbehill@yahoo.com
Delta Psi	5	Barbara	Serota	bjser@hotmail.com serotabj@gmail.com
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