

**CALIFORNIA STATE COUNCIL
EPSILON SIGMA ALPHA INTERNATIONAL**

CHAPLAIN REPORT FORM

**Regional Council Chaplains send completed form to State Chaplain only.
State Chaplain will send copy on to I.C. Chaplain**

STATE: CALIFORNIA CHAPLAIN: _____

ADDRESS: _____

CITY: _____ STATE: CA ZIP: _____

MEMBER'S NAME: _____

CHAPTER: _____ REGIONAL COUNCIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCASION: BIRTH (Boy or Girl) _____

DEATH (Relation to Member)

ILLNESS (Nature of) _____

MARRIAGE _____

OTHER _____

DATE OF INCIDENT

REPORTED BY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

**ALL DEATHS OF ESA SISTERS WILL BE REPORTED TO HEADQUARTERS FOR PRINTING
IN THE JONQUIL AND WILL BE PLACED ON FILE FOR THE MEMORIAL SERVICE AT CSC
AND I.C. CONVENTIONS.**

REMARKS AND FURTHER INFORMATION: _____

SEND TO: CSC CHAPLAIN

PLEASE CHECK, IF APPLICABLE:

_____ FOR INFORMATION ONLY
_____ WISH NO CARD SENT