

Gathering MA Information at a Funeral

A classmate's funeral normally provides an excellent opportunity to gather information while it is readily available and thereby simplify the process of completing his **Memorial Article**. When attending such a service, please assist in that effort by filling in as many of the blocks below as possible, doing so within the normal confines of respect and dignity for the deceased's loved ones.

Information so acquired should then be forwarded to the **Memorial Articles Liaison** for the deceased's company. Company MAL's are hyperlinked at: <http://www.usma1954.org/Contacts/MALiasons.htm>.

1. GENERAL INFORMATION	
Name of Deceased:	
Cadet Company:	
Date of Death:	
Place of Death (City & State):	
Cause of Death:	
Place of Burial:	

Classmates and other graduates attending the service	Contact Information	Relationship (room/teammate, etc.)
Classmates and grads (besides those above), or others who were close to the deceased as a cadet, in military service, or subsequently		

<p>Did any family member, classmate, or other discuss/volunteer to write or contribute to the memorial article? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name, contact info, and any other pertinent information.</p>		
<p>Others possibly willing to write or contribute to the memorial article:</p>		
<p>Was there a eulogy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide pertinent information for the person delivering the eulogy and try to obtain a copy.</p>		
<p>Eulogy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Is a memorial fund being established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide information.</p>		

2. NEXT OF KIN		
Name		Relationship
Address		Phone #
City	State	Zip
E-mail address		
<p>Will this be the NOK residence for the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If no, forwarding address:</p>		
Address:		

City	State	Zip
E-mail address:		
Is there someone who the NOK would prefer to write or contribute to a memorial article? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and contact information:		
Address		Phone #
City	State	Zip
E-mail address		

Surviving Children			
Name & Contact Info	Est. Age	USMA Grad/Class	Other Info

3. OTHER INFORMATION
As appropriate, please mail or e-mail this form and any items listed below to the Memorial Articles Liaison for the deceased's company.
<input type="checkbox"/> Photo(s) of the deceased acceptable to next of kin
<input type="checkbox"/> Copies of all eulogies available
<input type="checkbox"/> Copies of newspaper articles relating to the deceased
<input type="checkbox"/> Mass cards or other memorial service handouts