



Name and phone number of person completing form: _____

Date: _____

Notified by: Phone Mail Email Newspaper Report Gift/Membership

DECEASED INFORMATION

Name of Deceased: _____

AWA #: _____ Alumni Friend

Date of Death: _____

Name & Relationship of Individual Reporting Death: _____

Email this form, backup, and obituary (if provided) to **obituaries@psu.edu**. Donor and Member Service will review entity record, upload obituary to iFiles, and decessate the record. If DMS is unable to verify adequate information to decessate a record (obituary, date of death, etc.), the record will be inactivated with comment "Deceasing in progress". If you have a question regarding decessating a record, please call 814-863-0915 (or 3-0915).

DMS STAFF ONLY

Staff Name: _____

Action Taken: Deceased Record Date Record Deceased in AWA: _____

Prospect Management Notified: Yes N/A

Joint Membership Deactivated: Yes N/A

Children linked: Yes N/A

Approximate Penn Stater Date: _____ (Alumni only)

Obit Link: _____

Inactivated Record Date ROC filed: _____