

**Sigma Sigma Sigma**  
**OMEGA CHAPTER REPORTING FORM**

*Enter information on this form and submit to National Headquarters via mail or fax.*

Sigma Sigma Sigma  
National Headquarters  
225 North Muhlenberg Street  
Woodstock, VA 22664-1424  
Fax: 540-459-2361

**NAME OF SISTER**

(circle one) Miss Ms. Mrs. Other \_\_\_\_\_

Name (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (maiden) \_\_\_\_\_

(married) \_\_\_\_\_ (husband's full name) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Date of death \_\_\_\_\_ Account # if known \_\_\_\_\_ College Chapter or College Attended \_\_\_\_\_

**NAME OF NEAREST RELATIVE**

Name \_\_\_\_\_ (Relationship) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

**NAME OF PERSON REPORTING THIS INFORMATION**

Name \_\_\_\_\_ (Relationship) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ **CHECK IF YOU WANT US TO SEND YOU INFORMATION ABOUT MEMORIAL GIFTS**