Death Resolution Request Form
Office of the Recording Secretary

Please email the completed form to the Office of the Recording Secretary at: Resolutionrequest@Simeonalumniassoc.org

INSTRUCTIONS*: Death Resolutions are prepared for* ***members of the Simeon Alumni Association, who are Alumni, current and former Employees (faculty and staff) of Simeon Career Academy, Current Students, SAA Board of Directors, and Friends of the SSA and the Close Relatives (spouse, parents and children) of members of the Simeon Alumni Association*** *by the Office of the Recording Secretary. Resolutions are addressed to the Deceased's Next-of-Kin and signed by the President of the Alumni Association. Resolutions may be presented at the funeral or memorial service by a Simeon Alumni Association representative upon request.*

Please provide all applicable information and return to the email address provided above. Thank you.

Name of Deceased

(Mr./Ms./Mrs./Dr./Other):_____

Date of Birth: ___ /___/___ **Date of Death:** ____/___/____ **Gender**: M / F

Funeral/Memorial Date: ___ /___/____ **Date Resolution neede**d: ____/____/____

Funeral/Memorial Address:

_____

If the Deceased was an Alumnus or Student, please provide date(s) of Graduation and Degree(s):_____

***

Simeon Affiliations: Organizations, Activities:

_____

If the Deceased was an Employee (Faculty or Staff) of the Simeon High School/Career Academy, please provide: Hire Date: ___/___/____ **End Date**: ____/_____/_____

Position Title(s) and Department(s):_____

provide additional details about the Deceased on a separate sheet and/or by attaching an obituary or biography.

Next-of-Kin's Name and Mailing Address: (Mr./Ms./Mrs./Dr./Other):

_____

_____

Phone: (____) _____ **Email**_____

Relationship to Deceased (Spouse, Parent, Child, tc.):_____

Relationship to Simeon Alumni Association, if any, (i.e., Alumnus, Employee):

_____

Name of Requestor, if different from Next-of-Kin: _____

Phone: (____) _____ **Email:** _____

Will the Resolution be picked up? Yes No

If no, Next-of-Kin at the address provided above unless specified here:"No", the Resolution will be mailed to the Mailing Address Listed below::

_____

_____

Phone: (____) _____

_____

For SAA Office Records Department

Date received:_____

Date Forwarded to Chaplain_____

Date mailed:_____

Date Picked up:_____