



THAO UNITED OF MINNESOTA
DECEASED FORM

347 University Ave. W
 St. Paul, MN 55103

WWW.THAOUNITEDOFMINNESOTA.ORG

FAMILY CONTACT INFO:					
First Name:		Last Name:		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		
Notes:					
DECEASED INFO:					
Date of Death: _____		DONATION ONLY: _____		DONATION & SPEECH: _____	
First Name:		Last Name:			
Speech Date:		Speech Time:			

GROUP LEADER NAME:	
First Name:	Last Name:
Group Number:	Phone:

*****Please provide funeral home name and address below:**

THE DECEASED FORM MUST BE COMPLETED, SUBMITTED BEFORE OR BY THE FUNERAL SERVICE DATE, BUT NO LATER TO RECEIVE THE DONATION!!!

***** Failure to complete and submit the Deceased Form to Thao United of Minnesota will result in No Donation per our new policy *****

Group Leader Signature:	Date:
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