



INDIANA FEDERATION OF MOTHERS OF TWINS CLUBS

HEADQUARTERS: RR 1 BOX 37

Lucerne, IN 46950

FROM: STATE CHAPLAIN

Please report the deaths within your club members' families from July until convention of the next year. If you will send in information as you get it, I will send a card at the time to the family from IFMOTC.

Club Name _____

Turned in by Federation Delegate _____

Name of member _____ Send card to _____

Death was her _____ Address _____

His/Her name was _____

Date of Death _____

Name of member _____ Send card to _____

Death was her _____ Address _____

His/Her name was _____

Date of Death _____

Name of member _____ Send card to _____

Death was her _____ Address _____

His/Her name was _____

Date of death _____

Name of member _____ Send card to _____

Death was her _____ Address _____

His/Her name was _____

Date of Death _____

Please send me a card when you have deaths so that I can do my job. Any that I receive will receive cards during the year. We all know that every little bit counts at the time.

Thank you for your help.

Twincerely,

TWINS/MULTIPLES MEMORIAL INFORMATION

Child's Name: _____

Date of Birth: _____

Date of Death: _____

Parents Name(s)

and Address: _____

Club Affiliation: _____

TWINS/MULTIPLES MEMORIAL INFORMATION

Child's Name: _____

Date of Birth: _____

Date of Death: _____

Parents Name(s)

and Address: _____

Club Affiliation: _____

TWINS/MULTIPLES MEMORIAL INFORMATION

Child's Name: _____

Date of Birth: _____

Date of Death: _____

Parents Name(s)

and Address: _____

Club Affiliation: _____