

TO BE COMPLETED ON THE DEATH OF A CHAPTER MEMBER

NAME OF CHAPTER NO.

LOCATION

NAME OF MEMBER:

P.M., P.P., OTHER DATE OF DEATH:

DATE:..... SIGNED:

SECRETARY

SEAL: MAIL or EMAIL TO: Mrs. Diane Hayman, Grand Secretary

P.O. Box 853, Westville, N.S., BOK 2A0

gsoes@bellaliant.net

INFORMATION SHEET - PLEASE INSURE THAT THIS INFORMATION IS FORWARDED TO THE GRAND SECRETARY PROMPTLY AND NOT THE GRAND CHAPLAIN.

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