

Worshipful Grand Chaplain

Date of Report: _____

Report death of a Departed Brother

Departed Brother's Name in Full: _____

Date of Death: _____

Name of next of kin: _____

Relationship of Next of Kin: _____

Mailing Address of Next of Kin: _____

Lodge Name: _____ No: _____

Lodge Location (City or Town): _____

Masonic Biography of departed brother:

Date Initiated: _____ Date Passed: _____

Date Raised: _____ Year(s) Worshipful Master: _____

Member of (if known)

Scottish Rite:

Valley of: _____

Orient of: _____

Your Rite bodies of: _____

Shrine Temple: _____

Respectfully Submitted,

Lodge Secretary