



**Annual Report to the Grand Chaplain of New Hampshire
Order of the Eastern Star**

Year: _____

Name of Grand Chaplain: _____

Mailing Address of Grand Chaplain: _____

E-mail Address of Grand Chaplain: _____

Dear Grand Chaplain:

The neurological report of _____ Chapter, No _____
since the report made for the last session of the Grand Chapter is as follows:

NOTE: Please use Mr/Dr/Ms/Miss/Mrs with the names

<u>Names of Deceased Sisters</u>	<u>PM/PGM</u>	<u>Death Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Names of Deceased Sisters</u>	<u>PM/PGM</u>	<u>Death Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Secretary

Seal

Note to Secretary: Complete Form & Mail or E-mail to Grand Chaplain by July.