

**Grand Chapter of New Hampshire
Order of the Eastern Star**



**Credentials
for the
Delegate and Alternate to
the
Grand Chapter of New Hampshire Session**

Session Date: _____

Name of Delegate: _____

Name of Alternate: _____

_____ Chapter No _____, _____, New Hampshire.

Secretary

Seal

This completed form is to be turned in to the Credentials Committee at the time the Chapter Delegate and/or Alternate Delegate registers at Grand Chapter.