# STATE GRANGE CONVENTION MEMORIAL SERVICE

_____ Subordinate/Pomona Grange #_____ _____ County

Please list the names of any past master or spouse of a past master of your Grange who has died during the past year. This applies even if they were not a member of your Grange at the time of their death. Also note if they were a past state officer or deputy or spouse of a past state officer or deputy.

| NAME | MASTER | SPOUSE |
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If there are any names on this report, one copy should be sent to state headquarters **by <u>May 15th</u>**. One copy is for your own records.

_____, Secretary