STATE GRANGE CONVENTION
MEMORIAL SERVICE

DUE MAY 15TH

_____ Subordinate 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

If there are any names on this report, one copy should be sent to state headquarters by **May 15th**. One copy is for your own records.

_____, Secretary