

THE GRAND CHAPTER ROYAL ARCH MASONS OF CANADA IN THE PROVINCE OF ONTARIO

REPORT OF FRATERNAL DEAD Grand Chapter Officer _____ Companion _____

Companion's Name (in full):	Roll No:	G. C. Cert. No:
Address:	Date Passed to Grand Chapter Above:	

Note: Chapter Name and Roll No. should be of the Chapter reporting the Companion's passing.

Chapter Name:	Chapter No.	District No.
M.M.M. – Chapter:	M.M.M. Date:	
M.E.M. – Chapter:	M.E.M. Date:	
H.R.A. – Chapter:	H.R.A. Date:	

	Chapter Name	Chapter No.	District No.	Year Joined Affiliated	Year First Principal
CHAPTER HISTORY					

	Office Title	Elected (E) Appointed (A)	Date	If Grand Superintendent District Name and Number
GRAND CHAPTER HISTORY				

Other Chapter Activities _____

Craft Lodge Name		No.	District	
Grand Lodge Rank			Date	