

STATUS REPORT

**BE SURE TO LIST MEMBERS ID NUMBERS ON ALL AREAS OF CORRESPONDENCE,
COMPLETE ALL INFORMATION REQUESTED AND PRINT LEGIBLY!!!!**

_____ Lodge No. _____ Held at _____, Maine in
the _____ District, under the Jurisdiction of the M.W. Grand Lodge of Maine, for the month of
_____, 20____. I do hereby certify that the accompanying returns are a correct
transcript from the record of the lodge.

_____, Secretary

A. WORK- PRINT FULL NAME AND ADDRESS (NO INITIALS OR NICKNAMES)

Complete Name & Mailing Address	Birthdate	Accepted Date	EA Date	FC Date	MM Date	DeMolay Y/N
1.						
2.						
3.						

B. AFFILIATED- (BE SURE TO INDICATE IF DUAL MEMBER)

Complete Name & Mailing Address	Birth Date	Dual Y/N	Dual w/ Lodge #	Raised Date	Lodge Raised	Location	Date signed By-Laws
1.							
2.							

C. REINSTATED- (ATTACH SEPARATE SHEET IF MORE SPACE IS REQUIRED)

Complete Name & Mailing Address	Comp. #	Reinstated Date

D. DEMITTED- (ATTACH SEPARATE SHEET IF MORE SPACE IS REQUIRED)

Complete Name	Comp #	Demitted Date	Lodge Joining (if known)

E. DEATHS- (**INCLUDING WIDOWS')**

Complete Name, Comp. # & Mailing Address	Date of Death	Place of Death	Widow's Name and Mailing Address (if different)
1.			
2.			
3.			

F. SUSPENDED N.P.D.-

Complete Name, Comp. # & Mailing Address	Date of Suspension
1.	
2.	

G. CHANGE OF ADDRESS- (**INCLUDING WIDOWS')**

Complete Name & Comp. #	Former Address	New Address
1.		
2.		
3.		
4.		
5.		
6.		