Official Form No. 15

STATUS REPORT

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

	Lodge No	0	Held a	t			, Maine in
theDistrict, under	r the Jurisdi	iction o	of the M.W	. Grand I	odge of M	laine, for th	e month of
. 20	. I de	o herel	ov certify t	that the ac	companvii	ng returns a	are a correct
transcript from the record of the lo		0 1101 0	<i>y</i> , <i>column</i> ,				•••••••
transcript from the record of the lo	uge.						a ,
							, Secretary
A. WORK- PRINT FULL NA					S OR NICE		- D M I
Complete Name, DOB & POB Mailing Address	Read		Accepted	EA	FC	MM	DeMolay V/N
Wannig Address	<u>Date</u>		Date	Date	Date	Date	Y/N
1.							
2.							
4.							
3.							
B. AFFILIATED- (BE SURE T Complete Name &	<i>O INDICAT</i> Birth		<i>DUAL ME!</i> Dual w/	<u>MBER)</u> Raised	Lodge	Location	Date signed
Mailing Address	Date	Y/N	Lodge #	Date Date	Raised	Location	By-Laws_
1.							
2.							
C. REINSTATED-	ATTACH SE	PARA	TE SHEET	T IF MOR	E SPACE	IS REQUIR	(ED)
Complete Name & Mailing Address			Comp. #			stated Date	
D. DEMITTED- (A	TTACH SEI	PARAT	E SHEET	TIF MORE	E SPACE I	S REOUIR	ED)
Complete Name	Comp #		Demitted			Joining (if k	

E. DEATHS- (****INCLUD	<u>ING WIDOWS</u>	S')	
Complete Name, Comp. #	Date of	Place of	Widow's Name and
& Mailing Address	Death	Death	Mailing Address (if different)
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1.			
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2.			
3.			
3.			
F. SUSPENDED N.P.D		<u> </u>	<u> </u>
			D-4 £
Complete Name, Comp. #			Date of
& Mailing Address			Suspension
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C CHANCE OF ADDRESS	/ _ \ _	DINC HIDOHG!	
G. CHANGE OF ADDRESS-		DING WIDOWS')	NT. A I I
Complete Name & Comp. #	<u> </u>	rmer Address	New Address
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