

ANNIE P. ROGERS STATE GRAND ASSEMBLY ORDER OF THE GOLDEN CIRCLE



SICK & DISTRESS FORM

Loyal Lady Rulers: Return this form to SGLLAS Debra Purcell at debra.purcell1@gmail.com.

DATE: _____

ASSEMBLY NAME & NO. _____

CIRCUMSTANCE:

- | | | |
|-----------------|-------|-------|
| 1. MEMBER NAME: | _____ | _____ |
| 2. MEMBER NAME: | _____ | _____ |
| 3. MEMBER NAME: | _____ | _____ |
| 4. MEMBER NAME: | _____ | _____ |
| 5. MEMBER NAME: | _____ | _____ |
| 6. MEMBER NAME: | _____ | _____ |
-

BEREAVEMENTS ONLY:

MEMBER NAME: _____ RELATIONSHIP TO MEMBER: _____

Date of Death: ____/____/____ Date of Funeral: ____/____/____

Contact Person Name and Address to Send Condolences:

BEREAVEMENTS ONLY:

MEMBER NAME: _____ RELATIONSHIP TO MEMBER: _____

Date of Death: ____/____/____ Date of Funeral: ____/____/____

Contact Person Name and Address to Send Condolences:

