PROVINCIAL CHAPTER OF WORCESTERSHIRE

CHAPTER PGC/4

Use this form to notify of the **DEATH**, **RESIGNATION** or **EXCLUSION** of a Brother. **THE FORM MUST BE SUBMITTED TO PROVINCIAL OFFICE IMMEDIATELY** The completed form may be sent via e-mail to: **ScribeE@worcestershirepgl.org.uk**

PLEASE USE CAPITAL LETTERS

A

Surname & Initials		G L Comp No.
Forenames in full		
Rank	Date exalted	
Chapter No.	Chapter Name	
Signed	Dated	

NOTIFICATION OF DEATH

В

Date of Death	Address of	
Date of Birth, Age	Next of kin	
Name of next of kin		
Relationship	Postcode	
	Tel No.	

FUNERAL ARRANGEMENTS

Date	Time
Arrangements	

NOTIFICATION OF RESIGNATION/EXCLUSION (Delete as applicable)

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No	Health	Cost	Distance	Time	Personal	Harmony	Family	Other
Interest	Age							
Comments								

FOR OFFICE	Date received	
USE ONLY	Date record updated	

Distribution	Membership of	Membership of	
G SUPT	Other Lodges	Other Chapters	
Dep G.SUPT			
2 nd Prov. G.			
PRINCIPAL			
Provincial Scribe E			
Provincial Registrar			