

**“IN MEMORIAM” FORM
OREGON STATE GRANGE BULLETIN**

(Please send to the Bulletin as soon as possible after the death of a member. **Notification of the death of a member on this form is IN ADDITION to LISTING the death of a member on a QUARTERLY REPORT.**)

Sister Brother _____ Date of Death _____

Grange Name, Number, County _____

Address of Member _____

Was the deceased a Past State Officer? Yes _____ No _____ If yes, please indicate office or offices held and dates.

Was the deceased a Past State Committee Director? Yes _____ No _____ If yes, please indicate which committee or committees and dates.

Was the deceased a Past Delegate to the OSG Annual Session? Yes _____ No _____ If yes, please indicate dates.

Please send Bulletin to remaining household member (if a Grange member):

Name _____

Address _____

Send this form to: Oregon State Grange Bulletin, 643 Union St NE, Salem OR 97301

Subordinate/Community Grange & Number _____

Signature/Title _____

(form revised 12/2010)

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