

## Monthly Visitation Report

### Convalescing Brother or Family Member:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

\_\_\_\_\_

Control #

\_\_\_\_\_

LM#

\_\_\_\_\_

Street Address

\_\_\_\_\_

City / State / Zip

\_\_\_\_\_

Current Chapter

\_\_\_\_\_

Initiating Chapter

\_\_\_\_\_

Home or Hospital

\_\_\_\_\_

Chapter Location

### Family Information: *(please enter name and address where condolences are to be sent)*

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Street Address

\_\_\_\_\_

City / State / Zip

### Brother Submitting Information:

\_\_\_\_\_

Name

\_\_\_\_\_

Email

\_\_\_\_\_

Phone

\_\_\_\_\_

Comments

# Deceased Member Report

## Deceased Brother's Information:

_____ Last	_____ First	_____ MI	_____ Control #	_____ LM#
_____ Street			_____ Date of Death	
_____ City/State/ Zip				
_____ Current Chapter			_____ Chapter Location	
_____ Initiating Chapter			_____ Date of Initiation	
_____ Chapters Offices Held				
_____ District Offices Held				
_____ International Offices Held				

## Family Information: (please enter name and address where condolences are to be sent)

_____ Name	_____ Relationship
_____ Street	
_____ City/State/Zip	

## Funeral Services:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Location Name: \_\_\_\_\_  
Location Street: \_\_\_\_\_  
Location City/ St/Zip: \_\_\_\_\_

## Omega Service:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Location Name: \_\_\_\_\_  
Location Street: \_\_\_\_\_  
Location City/ St/Zip: \_\_\_\_\_

## Brother Submitting Information:

_____ Name	_____ Email
_____ ( ) - Phone	

Comments: \_\_\_\_\_

Revised 11/21/06

# MACE ORDER

CHAPTER \_\_\_\_\_ DATE \_\_\_\_\_

NAME: \_\_\_\_\_ OFFICE \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address (no PO Box allowed)

\_\_\_\_\_

\_\_\_\_\_

**MACE:            Generic (\$150)                            Custom Designed (\$150+)**

**Custom Features for MACE: Shield: Lazard(\$30/ea), Metal Tag (\$15/ea), Embroider(\$10)**

**MSPU: Lazard(\$12/ea), Metal Tag(\$8/ea)**

**Chapter &Year: Lazard(\$15/ea), Metal Tag(\$10) Embroider) OR**

**Founders: Lazard(\$40), Metal Tag (\$15)**

**BOX:                            Generic (\$200)    Custom Box (\$200+)**

**Custom Features for Box:                            Stained & Finished (\$50)**

**Brass Corners (\$30)**

**Upholstered Padding (\$80)**

**TOTAL COST \_\_\_\_\_**

**Estimated arrival  
date \_\_\_\_\_**