



# The Most Puissant Grand Council Royal and Select Masters of Connecticut

Organized May 18, 1819  
Oldest Grand Council in the World



## COUNCIL MONTHLY REPORT

The original of this report is due to the Grand Recorder by the 10<sup>th</sup> of the following month. A copy is to be retained by the Recorder for use in preparation of the Annual Returns. Use separate column for each individual.

FROM: COUNCIL NAME & NUMBER

Report for Month of  Year

	1.	2. ADDITIONS	3.
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>	<input type="text"/>
State & Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area code &Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Royal Master Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Select Master Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete the following additional information only for Reinstatements or Affiliations

Reinstated Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
NPD Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Affiliated From	<input type="text"/>	<input type="text"/>	<input type="text"/>
Affiliation date	<input type="text"/>	<input type="text"/>	<input type="text"/>
With Dimit (yes/No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exempt Dual	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Cannot be Exempt Dual if Dimitted from other Council

		LOSSES	
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
PTIM Tear	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loss Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loss Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Codes D=Deceased  
DLO=Dimitt Lodge  
NLO=NPD Lodge

S=Suspended  
DCH=Dimitt Chapter  
NCH=NPD Chapter

E=Expelled  
DCO=Dimitt Council  
NCO=NPD Council