INSTALLATION RETURN

OSM

(This form can be used if your Province/District does not have a form already in circulation)

To be completed by the Conclave Secretary and sent to the Provincial/District Grand Recorder for updating Keystone Online

1. CONCLAVE NAME

2. CONCLAVE NUMBER

3. PROVINCE/ DISTRICT

4. DATE OF INSTALLATION

5. DISPENSATION No.

(if applicable)

6. CONCLAVE OFFICERS

FORENAMES

SURNAME

6a **SUPREME RULER**

6b IS THE BROTHER COMISSIONED?

YES

NO PREVIOUSLY COMISSIONED

FORENAMES

SURNAME

6c NAME OF COMISSIONING OFFICER

(please select appropriate box, if YES please fill in part 6c)

OFFICE FORENAMES SURNAME $\begin{array}{c} \text{INVESTED} \\ \text{YES} & \text{NO} \end{array}$

COUNSELLOR

GUIDE

** CHAPLAIN

TREASURER

SECRETARY

DIRECTOR OF CEREMONIES

VISITING DEACON 1

VISITING DEACON 2

VISITING DEACON 3

VISITING DEACON 4

- ** ASSISTANT DIRECTOR OF CEREMONIES
- ** ORGANIST
- ** ASSISTANT SECRETARY
- ** SCROLL BEARER

GUARDER

* STEWARD

STEWARD

STEWARD

STEWARD

STEWARD

STEWARD

STEWARD

STEWARD

STEWARD

P.T.O TO CONTINUE

** OFFICERS IN ITALICS ARE PERMISSIVE APPOINTMENTS

OFFICE CONT....

FORENAMES
SURNAME
STEWARD
SENTINEL

BENEVOLENT FUND STEWARD

7. SECOND DEGREE OFFICERS

OFFICE FORENAMES SURNAME INVESTED YES NO

DAVID (SR)

JONATHAN (IPSR)

ABISHAI

ADINO

ELEAZAR

SHAMMAH

** LECTURER

ADDITIONAL COMMENTS