



Grand Chapter of New Hampshire
Order of the Eastern Star



CHAPTER CERTIFICATION
OF
DELEGATE'S CREDENTIAL
TO GRAND CHAPTER SESSION

SESSION DATE: _____

**NAME OF
DELEGATE:** _____

**NAME OF
ALTERNATE DELEGATE:** _____

**NAME & NUMBER OF
CHAPTER:** _____

**LOCATION OF
CHAPTER:** _____ **N. H.**

Chapter Seal

Chapter Secretary's Signature

**This completed form is to be turned in to the Credentials Committee at the time the
Chapter Delegate and/or Alternate Delegate registers at Grand Chapter.**