



Order of the Eastern Star of New Jersey

IRREGULARITY HEALING REQUEST

To the Most Worthy Grand Matron:

_____ Chapter No. _____

requests that the following **Irregularity** be Healed:

A fee is not required.

By Order of the Worthy Matron

(CHAPTER SEAL) _____ Secretary
_____ Address

_____ Date

Two (2) copies to be sent to the MWGM

One (1) for MWGM's File

One (1) will be returned for Chapter File

FOR GRAND CHAPTER USE ONLY

Above Healing Granted ☐ Denied ☐ Date _____

Most Worthy Grand Matron

Healing number: _____

Date: _____

GRAND
CHAPTER
SEAL