



**MILITARY ORDER OF THE COOTIE OF THE U.S.  
GRAND INSTALLATION WARRANT  
2019-2020**



TO ALL WHO SEE THESE PRESENTS GREETINGS

Be It Hereby Known That \_\_\_\_\_ holding the title of \_\_\_\_\_  
Is hereby directed by the Supreme Commander of the Military Order of the Cootie of the U.S. to install the Officers of  
the Grand Pup Tent of \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_\_  
In accordance with the By-Laws and Ritual of this Organization.

By Command of:

Official:

\_\_\_\_\_  
SUPREME COMMANDER

\_\_\_\_\_  
SUPREME ADJUTANT

I do hereby certify that the above warrant was used to install the Grand Pup Tent Officers listed below and in addition those other Officers as prescribed by the By-Laws.

Installing Officer Name \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

**GRAND COMMANDER**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND SR. VICE COMMANDER**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND JR. VICE COMMANDER**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND QUARTERMASTER**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE:	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND CHAPLAIN**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE:	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND JUDGE ADVOCATE**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND SURGEON**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND HISTORIAN**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND CHIEF OF STAFF**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND ADJUTANT**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND INSPECTOR**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND HOSPITAL CHAIRMAN**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND MEMBERSHIP CHAIRMAN**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

**GRAND BLOOD CHAIRMAN**

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

NOTE: This report is to be completed on both sides, copied and distributed as follows:  
 ORIGINAL to Supreme Headquarters, one copy to Grand Adjutant, One copy to the Grand Quartermaster,