



**PETITION FOR DEGREES**  
To the Worshipful Master, Wardens and Brethren



\_\_\_\_\_ Lodge No. \_\_\_\_\_ F. & A. M.  
\_\_\_\_\_ WASH. \_\_\_\_\_ 20\_\_\_\_\_

Working under a regular unforfeited Charter from the M.W. Prince Hall Grand Lodge of Washington and Jurisdiction F. & A.M.

The subscriber respectfully represents that, entertaining a favorable opinion of the Ancient and Honorable Society of Free and Accepted Masons, and being unbiased by friends and uninfluenced by mercenary motives, he hereby freely and voluntarily petitions to receive the degrees in the above named Lodge, and to become a member thereof.

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_  
Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Number of years in state \_\_\_\_\_

And if the prayer of the petition is granted, he promises a cheerful obedience to the laws and regulations of the Lodge, and a full compliance with the usages and customs of the fraternity.

- |   |   |
|---|---|
| 1. Do you believe in a Supreme Being? _____   | 8. Are you a member of any other fraternal organization? _____                |
| 2. Have you ever been a substance abuser (Alcohol / Drugs)? _____                   | 9. Is this application made voluntarily? _____                                |
| 3. Have you been convicted of a felony? _____                                       | 10. Have you ever been rejected membership in a Masonic Order? _____          |
| 4. Have you been Hospitalized for Mental Illness, or are Physically Disabled? _____ | 11. Have you ever petitioned a Masonic Order for membership before? _____     |
| 5. Are you afflicted with any terminal illness that you know of? _____              | 12. Are you employed at this time? _____                                      |
| 6. Are you married, if so will you show your marriage certificate? _____            | 13. Have you answered all questions truthfully and to the best ability? _____ |
| 7. Are you a U.S. citizen? If not what country are you a citizen? _____             |   |

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Sign Name in Full

**RECOMMENDED BY:**  
(Three Master Masons in Good Standing)

**Name of Wife or Near Relative**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_

Date received by Lodge? \_\_\_\_\_ Amount paid with Petition? \_\_\_\_\_

TO THE WORSHIPFUL MASTER, WARDENS AND BRETHREN OF

\_\_\_\_\_ Lodge No. \_\_\_\_\_ F. & A. M.

THE INVESTIGATION COMMITTEE FINDS THE PETITIONER: \_\_\_\_\_  
Name in Full

FAVORABLE \_\_\_\_\_ UNFAVORABLE \_\_\_\_\_

COMMITTEE MEMBERS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ DATE OF REPORT \_\_\_\_\_

**MEDICAL STATEMENT**

Mr. \_\_\_\_\_ Has petitioned to become a member of this Fraternity:  
Please Print

Do you find this individual physically fit to earn a livelihood? \_\_\_\_\_

Is he afflicted with any terminal illness that you are aware of? \_\_\_\_\_

Additional Comments if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physicians Name \_\_\_\_\_ Physicians Signature \_\_\_\_\_  
Please Print

**ACTION TAKEN BY LODGE**

(Note: Petition must be printed out in Blue if all possible)

Date Petition received \_\_\_\_\_ Date of Ballot \_\_\_\_\_

Date of Initiation \_\_\_\_\_ Date of Passing \_\_\_\_\_ Date of Raising \_\_\_\_\_

\_\_\_\_\_  
Signature of Lodge Secretary, Date

\_\_\_\_\_  
Signature of Worshipful Master, Date

\*\*\*LODGE SEAL HERE\*\*\*