

# COMBINED PETITION FOR THE YORK RITE DEGREES AND ORDERS IN CALIFORNIA

## To the Officers and Members of:

(Check only box or boxes that apply)

- MARK MASTER DEGREE**, at Sacramento, California **FREE**
  - Sacramento Chapter No. 3, Royal Arch Masons, at Sacramento, California . . . . . Fee = \$35.00
  - Sacramento Council No. 1, Cryptic Masons, at Sacramento, California . . . . . Fee = \$25.00
  - Sacramento Commandery No. 2, Knights Templar, Sacramento, California . . . . . Fee = \$75.00
- Total fees enclosed with this petition . . . . . \$\_\_\_\_\_

## The undersigned respectfully represents

**that** he is a member in good standing of \_\_\_\_\_ Lodge No. \_\_\_\_\_, F.&A.M.. or A.F.&A.M. under the jurisdiction of the Grand Lodge of \_\_\_\_\_;

**that**, if petitioning Sacramento Chapter No. 3, he desires to receive the Degrees of Mark Master, Past Master, Most Excellent Master and Royal Arch Mason;

**that**, if petitioning Sacramento Council No. 1, he desires to receive the Degrees of Royal Master, Select Master and Super Excellent Master, and is a member of or is concurrently petitioning \_\_\_\_\_ Chapter No. \_\_\_\_\_, Royal Arch Masons;

**that**, if petitioning Sacramento Commandery No. 2, he desires to receive the Orders of Knighthood, is a member of or is concurrently petitioning \_\_\_\_\_ Council No. \_\_\_\_\_, Cryptic Masons, **and** is a firm believer in the Christian religion;

**that** he has been a resident of the State of California for the six months immediately preceding the date of this petition;

**that** he has not, within the six months immediately preceding the date of this petition, made application to and been rejected by any Chapter of Royal Arch Masons\*, Council of Cryptic Masons\*, or Commandery of Knights Templar\*; and

**that** he promises, if found worthy, to conform to all the usages, customs, laws and regulations of the York Rite Body(ies) hereby petitioned and of its(their) Grand Body(ies) of the State of California.

\*If such application has been made and rejected, state the name and location of the Body(ies) on the line above.

## The undersigned further respectfully presents the following information:

Full Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

This petition is dated: \_\_\_\_\_ Signature: \_\_\_\_\_

## Petitioner is Recommended By:

Companion or Sir knight \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Companion or Sir knight \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

## Petitioner Refers to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_