

# Grand Council of the Order of Royal and Select Masters of England and Wales and its Districts and Councils Overseas

## Grand Council Certificate Application Form

To be Completed by the Council Recorder

This Form must be completed using typescript or block letters and sent within fourteen days of completion of all degrees by the candidate via the District Grand Recorder to:  
The Grand Recorder, Mark Masons' Hall, 86 St. James's Street, London, SW1A 1PL

<b>1. COUNCIL NAME</b>	<input style="width: 100%; height: 20px;" type="text"/>								
<b>2. NUMBER</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>								
<b>3. DISTRICT</b>	<input style="width: 100%; height: 20px;" type="text"/>								
<b>GRAND COUNCIL CERTIFICATE RECIPIENT</b>									
<b>4. COMPANION</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <i>(Initials)</i>	<input style="width: 100%; height: 20px;" type="text"/> <i>(Surname)</i>							
<b>5. FORENAMES IN FULL</b>	<input style="width: 100%; height: 20px;" type="text"/>								
<b>6. MMH MEMBERSHIP NUMBER <i>(if known)</i></b>	<input style="width: 100%; height: 20px;" type="text"/>								
<b>RSM DEGREES</b>									
	DATE ADMITTED	COUNCIL NAME	COUNCIL No.						
<b>7. SELECT MASTER</b>	ON <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> IN <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
<b>8. ROYAL MASTER</b>	ON <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> IN <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
<b>9. MOST EXCELLENT MASTER</b>	ON <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> IN <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
<b>10. SUPER-EXCELLENT MASTER</b>	ON <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> IN <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
<b>11. NAME OF RECORDER <i>(Initials &amp; Surname)</i></b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>							
<b>12. SIGNATURE OF RECORDER</b>	<input style="width: 100%; height: 40px;" type="text"/>		DATED <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">DAY</td> <td style="width: 20px; text-align: center;">MONTH</td> <td style="width: 20px; text-align: center;">YEAR</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR							