

Certificate of Proficiency

DATE:

FROM:

LOCATED AT:

MAILING ADDRESS :

TO: OFFICE OF THE R.W.A.G.S.
4301 N. BROAD STREET
PHILADELPHIA, PA. 19140

WHEREAS: THE FOLLOWING NAMED MASTER MASONS, HAVE COMPLETED THHE MASTER MASONS DEGREE, IN CONFORMITY TO THE CONSTITUTION, AND BEING A MEMBER FOR ONE (1) YEAR OR BETTER, REQUEST IMMEDIATE ISSUANCE OF THE PROPER AUTHENTICATED CERTIFICATE OF PROFICIEENCY, FOR THE PURPOSE OF INITIATION INTO A HOUSE OF MASONRY FOR FURTHER LIGHT.

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

G.L. ID	NAME	DATE RAISED	DUP
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NOTE: SAID REQUEST SHOULD BE RECEIVED BY THE GRAND LODGE OFFICE IN CHARGE NO MORE THAN THIRTY (30) DAYS PRIOR TO SCHEDULED INITIATION
NOTE: ORIGINAL REQUEST IS FREE, DUPLICATE/REPLACEMENT COST \$3.00 .

ATTEST:

SEAL

SECRETARY

WORSHIPFUL MASTER

----- **DO NOT WRITE BELOW THIS LINE** -----

RQ1 DATE RECEIVE

DATE COMPLETED

DATE MAIL/PICKED UP