

Petition for the Degrees of Masonry

INDIANA

To the Worshipful Master, Wardens and Brethren of  
Southport Lodge No. 270, F. & A. M. Indianapolis, Indiana

(PRINT FULL NAME) \_\_\_\_\_ respectfully  
represents that having long entertained a favorable opinion of your ancient Institution and  
having a belief in God, he is desirous of being admitted a member thereof if found worthy. He  
was born on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, at \_\_\_\_\_,  
State of \_\_\_\_\_.

He has resided within the jurisdiction of your Lodge for the pe ri od of \_\_\_\_\_ years and  
\_\_\_\_\_ months next preceding the date of this petition. He has not been rejected by any  
other Masonic Lodge within the period of one year. The character of the business in which he is  
engaged as proprietor or employee is  
\_\_\_\_\_

Recommended by

Brother \_\_\_\_\_

who has known petitioner \_\_\_\_\_ years,

and Brother \_\_\_\_\_

who has known petitioner \_\_\_\_\_ years.

Name \_\_\_\_\_

Address \_\_\_\_\_

Hm Ph(\_\_\_\_\_) \_\_\_\_\_ Off Ph(\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Email \_\_\_\_\_

Served in armed forces? \_\_\_\_\_ Branch? \_\_\_\_\_

Father's name \_\_\_\_\_

Father's address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Is (or was) your father a Mason? \_\_\_\_\_ Lodge Number \_\_\_\_\_

Lodge Name \_\_\_\_\_

Lodge address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Any Brother's Masons? \_\_\_\_\_

If so give their names, addresses, and the names and location of their lodges. \_\_\_\_\_

Are you married? \_\_\_\_\_ If so, date \_\_\_\_\_

Spouse's full name \_\_\_\_\_

Place of marriage \_\_\_\_\_

When and where did you last vote in a national election? \_\_\_\_\_

Address's of where you lived the past 10 years: \_\_\_\_\_

***Use back of form to provide additional information when necessary.***

List places of employment for the past 10 years: \_\_\_\_\_

Present Occupation? \_\_\_\_\_

Name of firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Have you ever been denied membership in, or withdrawn your petition to, or suspended or expelled from any fraternal organization? \_\_\_\_\_

Give particulars \_\_\_\_\_

Give names and phone numbers of three business or professional references other than those who signed this petition:

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

Do you have any physical impairment? \_\_\_\_\_

If so describe \_\_\_\_\_

Have you ever been convicted of a criminal offense (minor traffic violations excluded) in a court of competent jurisdiction? \_\_\_\_\_

If so give particulars: \_\_\_\_\_

Presented Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Referred to the following Committee:

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

Signature \_\_\_\_\_

Printed: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mentor Name: \_\_\_\_\_

Disposition:

Elected Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E.A . Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

F.C. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M.M. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Rejected Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_