

The petitioner is urged to consult with some Freemason when making out this petition in order that he may have a full understanding of all the questions.

PETITION FOR THE DEGREES OF FREEMASONRY

To The Worshipful Master, Wardens and Brethren

of _____ Lodge No. _____, A.F. & A. M. of New Mexico

The undersigned respectfully makes application for the Degrees of Freemasonry and submits the following information regarding himself as evidence of his qualifications for acceptance into the Fraternity: (Please Print)

1. Full Name _____
(FIRST) (MIDDLE) (SURNAME)

2. Born at _____ on the _____ day of _____, 19____
(CITY OR COUNTY AND STATE)

3. Citizen of _____ Social Security No. _____

4. Home Address _____
(STREET AND NUMBER) (CITY) (STATE) (ZIP)

5. Mailing Address _____
(P.O. BOX OR STREET) (CITY) (STATE) (ZIP)

6. Home Phone _____ Business Phone _____

7. Residence and Occupation for the past 5 Years:

| RESIDENCE | FROM | TO | OCCUPATION | NAME OF EMPLOYER |
|-----------|------|----|------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. Give full name of wife _____
(FIRST) (MIDDLE) (SURNAME)

9. Other dependents:

| NAME | AGE | RELATIONSHIP |
|------|-----|--------------|
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| | | |
| | | |
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| | | |
| | | |
| | | |

10. Do you understand that Freemasonry is a Fraternal Society, and not an Insurance or Burial organization?

Does your family understand this? _____

11. Do you understand that, in the event of sickness, accident, or death, you or your family would not be entitled to any relief funds from Freemasonry other than what might be extended gratuitously? _____

Does your family understand this? _____

12. What motive prompted this petition? _____

13. Do you understand that, if accepted, you will be required to pay annual dues _____

14. Do you believe in a Supreme Being or Deity? _____

15. Have you ever petitioned or been rejected by this or any other Lodge of Freemasonry?

If so, when and where? _____

16. Have you any physical defects or infirmities? _____ If so, describe: _____

17. To what other Fraternal Organizations or Societies do you belong? _____

18. References:

| NAME | ADDRESS | PHONE NO. |
|------|---------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |
| | | |

19. With understanding that all information obtained shall be treated as confidential, do you consent to a full investigation of the above statements, as made by you? _____

20. Have you had the assistance of a Freemason in answering the above questions? _____
If so, what is his name? _____

21. Signed name in full _____

Printed name in full _____

RECOMMENDATION BY TWO MEMBERS

I certify that I have known the above petitioner for _____ years, _____ months, and deem him worthy of initiation.

(Signed) _____

I certify that I have known the above petitioner for _____ years, _____ months, and deem him worthy of initiation.

(Signed) _____

A fee of _____ Dollars (\$ _____) accompanies this petition.

(Signed) _____

(Dated) _____, 19 _____