



Most Worshipful Prince Hall Grand Lodge F. & A.M. State of South Carolina



PETITION FOR INITIATION

_____ S.C. _____, 20 ____

TO THE WORSHIPFUL MASTER, WARDEN, AND MEMBERS OF: _____ LODGE NO. ____

Gentleman: the undersigned, unbiased by the improper solicitation of friends and uninfluenced by other unworthy motives, prompted by a favorable opinion of your ancient and honorable institution and a desire for knowledge freely and voluntarily offer myself a candidate for initiation into the mysteries of Freemasonry, and respectfully pray that I be admitted and become a member of your lodge, and promising a cheerful conformity to the ancient usages and established customs of the Order:

Full Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Donee: _____ Address: _____ City: _____ State: _____ Zip: _____
(Name of wife or next of kin)

Telephone No. Home _____ Telephone No. Business: _____

E-Mail: _____ Other No.: _____

Date of Birth: _____

My age is _____ years. I am by occupation: _____

I have not been rejected by any lodge of Prince Hall Free and Accepted Masons. I am without any physical or mental defects, which I am informed, would preclude my initiation. I submit my character for you to investigate and your suffrage in my behalf.

Find enclosed: \$ _____

Name of Applicant

Recommended by (Members of Lodge)

Physicians Statement

This is to certify that I have examined _____ and I have found the following condition:

His apparent age is _____ Years. Height _____ Ft. _____ Ins. Weight _____ Lbs.

Any sign of high blood pressure? Yes () - No () Reading: Systolic? _____ Diastolic? _____

Any heart problems? Yes () - No () Explain? _____

Any symptoms of tuberculosis? Yes () - No () Syphilis? Yes () - No ()

Any Albumin in urine? Yes () - No () Diabetes? Yes () - No ()

Overall, I find the health of the applicant to be: Good: _____ Fair: _____ Poor: _____

Physician (Print or Type) _____ Physician's Signature: _____

Date: _____ Address: _____ State: _____ Zip: _____