

Ancient & Accepted Scottish Rite of Freemasonry

Southern Jurisdiction of the United States of America

Orient of Missouri

Valley of St. Louis

3633 Lindell Boulevard
Saint Louis, MO 63108

PETITION FEE IS \$150.00

PLEASE COMPLETE BOTH SIDES AND RETURN WITH FEES TO THE ADDRESS ABOVE.

To the Officers and Members of the:

St. Louis Lodge of Perfection

St. Louis Chapter Rose Croix

St. Louis Council Knights Kadosh

St. Louis Consistory



I, Bro. _____ am a Master Mason in good standing in Blue Lodge _____
No. _____ under the Scottish Rite Bodies in the Valley of St. Louis:

I HAVE NEVER PREVIOUSLY PETITIONED FOR THE SCOTTISH RITE DEGREES*

**(If applicant has previously petitioned for any of the degrees, he will strike out the word
"never" and state the date and to what Scottish Rite Body the application was made.)*

I now respectfully petition to receive the degrees, from the 4th to the 32nd, for membership in your Bodies, and if elected, promise to bear true faith and allegiance to the Supreme Council of the Thirty-Third and Last Degree for the Southern Jurisdiction of the United States of America.

FULL NAME: _____ Date: ____/____/____
(Please print name in full, without abbreviation)

DATE OF BIRTH: ____/____/____ City of _____ State of _____

My residence is: _____, Missouri. My telephone is: () _____ - _____

Mailing address, if different: _____

My occupation is: _____ (If retired, state former occupation)

Name of Company: _____

Recommended By:

(Print Name)

(Print Name)

(Print Address)

(Print Address)

PLEASE COMPLETE BOTH SIDES OF PETITION

Candidate Information

FULL NAME: _____ Date: ____/____/____
(Please print name in full, without abbreviation)

EDUCATIONAL BACKGROUND, INSTITUTION(S) ATTENDED, DEGREES HELD:

SPECIAL SKILLS, TRADES, HOBBIES:

CONTACT INFORMATION:

HOME: () _____-_____ MOBILE: () _____-_____

OFFICE: () _____-_____ FAX: () _____-_____

E-MAIL ADDRESS: _____

WEB SITE: _____

MARRIED ____ SINGLE ____ WIDOWED ____

WIFE'S NAME: _____ DATE OF BIRTH: (mm/yyyy) ____/____

WIFE'S EMPLOYER/OCCUPATION: _____

AFFILIATION WITH ORDER OF THE EASTERN STAR? Y N CHAPTER (if yes): _____

CHILDREN:

NAME: _____ AGE: _____ BIRTHDATE: (mm/yyyy) ____/____

NAME: _____ AGE: _____ BIRTHDATE: (mm/yyyy) ____/____

NAME: _____ AGE: _____ BIRTHDATE: (mm/yyyy) ____/____

NAME: _____ AGE: _____ BIRTHDATE: (mm/yyyy) ____/____

WERE/ARE YOU DEMOLAY? Y N CHAPTER (if yes): _____ INITIATION YEAR: _____

HONORS RECEIVED: _____

DID YOU SERVE AS AN ADVISOR? Y N