



# PETITION FOR THE DEGREES OF FREEMASONRY

\_\_\_\_\_, Texas, \_\_\_\_\_ Zip \_\_\_\_\_, 20\_\_\_\_\_

TO THE WORSHIPFUL MASTER, WARDENS AND BRETHREN OF

\_\_\_\_\_ Lodge No. \_\_\_\_\_ A. F. & A. M. of Texas.

The undersigned respectfully represents that, unbiased by friends and uninfluenced by mercenary or other unworthy motives, he freely and voluntarily makes application for the Degrees of Freemasonry; and he herewith submits the following information regarding himself as evidence of his qualifications for acceptance into the Fraternity.

1. Full Name \_\_\_\_\_ Age \_\_\_\_\_  
(Please print) First Middle Surname Social Security No.

2. I was born at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_  
Month and Year

If not born in the United States, have you been naturalized: \_\_\_(Y/N) If so, when and where? \_\_\_\_\_

3. Have you ever changed your name? \_\_\_(Y/N). If so, give former name, when and where it was changed \_\_\_\_\_

4. A certified copy of a Birth Certificate must be attached to this petition before it can be received by the Lodge.  
(Photostatic copy is acceptable.)

5. Have you any maims or physical defects? \_\_\_\_\_ (Yes or No). If so, explain fully \_\_\_\_\_

6. How long have you resided in the State of Texas? \_\_\_\_\_ Years

7. How long have you resided in the jurisdiction of this Lodge? \_\_\_\_\_ Years \_\_\_\_\_ Months

8. Present residence address \_\_\_\_\_  
Street City Zip Telephone  
E-mail \_\_\_\_\_ Cellular \_\_\_\_\_

If you do not get your mail here, give mailing address also: \_\_\_\_\_

9. How long have you resided at present address? \_\_\_\_\_ Years \_\_\_\_\_ Months

10. Give addresses of places where you have resided for the past 15 years.

Street	City	State	Zip	Dates: From	To
Street	City	State	Zip	Dates: From	To
Street	City	State	Zip	Dates: From	To
Street	City	State	Zip	Dates: From	To
Street	City	State	Zip	Dates: From	To

11. Present employer's name and address \_\_\_\_\_  
Firm Name  
\_\_\_\_\_  
Street City State Zip Telephone

12. My present occupation is \_\_\_\_\_

13. Give names and addresses of your employers for the past 15 years:

Street	City	State	Zip	Dates: From	To

14. State names and addresses of all schools attended and dates:

Street	City	State	Zip	Dates: From	To

15. Do you believe in the Constitution of the United States? \_\_\_\_\_ (Yes or No)

16. Have you ever been charged with a felony or misdemeanor involving moral turpitude? \_\_\_\_\_ (Yes or No)

If so, when and where? Give details: \_\_\_\_\_

17. Give names and locations of all organizations, fraternal societies, etc., you now belong to or have ever belonged to.

(If none, state none.) \_\_\_\_\_

18. Married or single? \_\_\_\_\_

19. If married, give name and address of wife: \_\_\_\_\_

Street	City	State	Zip

20. Have you ever been divorced? \_\_\_\_\_ (Yes or No)

21. If you have been divorced, give name of your former wife or wives and address:

Name	Present Address	Zip

22. Give names of all dependents:

Name	Age	Relationship	Address	Zip



(2) \_\_\_\_\_  
Name Lodge No. Location  
\_\_\_\_\_  
Home Address City State Home Phone Business Phone

(3) \_\_\_\_\_  
Name Lodge No. Location  
\_\_\_\_\_  
Home Address City State Home Phone Business Phone

Three (3) separate investigation reports must be attached to this petition before ballot is taken. ( It is not necessary for each investigator to sign all three reports.) Individual investigation shall be made.

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No. \_\_\_\_\_ Series \_\_\_\_\_

Petition of

Mr. \_\_\_\_\_

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## For the Degrees of Freemasonry

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Received \_\_\_\_\_, \_\_\_\_\_  
Date Year

Referred to Committee Consisting of Brothers:

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

Report Due \_\_\_\_\_, \_\_\_\_\_  
Date Year

Date Read \_\_\_\_\_, \_\_\_\_\_  
Date Year

Balloted \_\_\_\_\_, \_\_\_\_\_  
Date Year

Protested \_\_\_\_\_, \_\_\_\_\_  
Date Year

Record Book Folio \_\_\_\_\_, \_\_\_\_\_  
Date Year

1st Optional L.S. of M.E. Reading \_\_\_\_\_, \_\_\_\_\_  
Date Year

Date E.A. \_\_\_\_\_

Date Examined E.A. \_\_\_\_\_

2nd Optional L.S. of M.E. Reading \_\_\_\_\_, \_\_\_\_\_  
Date Year

Date F.C. \_\_\_\_\_

Date Examined F.C. \_\_\_\_\_

3rd Optional L.S. or M.E. Reading \_\_\_\_\_, \_\_\_\_\_  
Date Year

Date M.M. \_\_\_\_\_

Date Examined M.M. \_\_\_\_\_

Membership ID No. \_\_\_\_\_

(ASSIGNED BY GRAND SECRETARY)

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