



# VALLEY OF JACKSONVILLE · ORIENT OF FLORIDA

**965 Hubbard Street · Jacksonville, FL 32206**  
**Phone: (904)355-7633 Fax: (904)355-7443**  
**srjax.com**



**Fees \$330.00**  
**Dues \$ 150.00**  
**Total \$480.00**

## PETITION FOR THE DEGREES

Dated at \_\_\_\_\_, Florida \_\_\_\_\_, 20\_\_\_\_  
(City or County)

Name (Print) \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Occupation \_\_\_\_\_

Email: \_\_\_\_\_

Retired from \_\_\_\_\_  
(If military, provide rank/grade)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

I certify that I am a Master Mason in good standing in \_\_\_\_\_ Lodge No. \_\_\_\_\_

Under the Grand Lodge of \_\_\_\_\_

Date raised to Master Mason \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of proficiency (If Master Mason less than 6 month): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant must be a Master Mason for at least six months or has passed a satisfactory examination on the catechism of the Third Degree (4.07).**

Have you previously applied for these degrees? Yes \_\_\_\_ No \_\_\_\_ DeMolay: Yes \_\_\_\_ No \_\_\_\_

If yes, state fully the date, place, and to whom the application was made: \_\_\_\_\_

(Use the back of this sheet if necessary)

If married, please provide your wife's name: \_\_\_\_\_

1. The Supreme Council requires the acceptance of the following fundamental principles. The inculcation of patriotism, respect for law and order, undying loyalty to the principles of civil and religious liberty and the entire separation of church and state as set forth in the Constitution of the United States of America. Do you wholeheartedly approve of these principles? Yes \_\_\_ No \_\_\_
2. Have you ever held or expressed opinions contrary to the foregoing or have been affiliated with any organization which has? If you answered yes, please give particulars. Yes \_\_\_\_ No \_\_\_\_
3. Are you a citizen of the United States of America? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
**Signature of petitioner (Full Name)** A minimum of **\$100.00** must accompany this Petition.  
 Make checks payable to: **SCOTTISH RITE BODIES**

Recommended by:  
 Brother (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
 Brother (Print) \_\_\_\_\_ Signature \_\_\_\_\_

2022 Fall Edition

OFFICE USE ONLY

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Blue Lodge dues card checked \_\_\_\_/\_\_\_\_/\_\_\_\_ Proficiency checked \_\_\_\_/\_\_\_\_/\_\_\_\_

Petition received \_\_\_\_/\_\_\_\_/\_\_\_\_ Petition read \_\_\_\_/\_\_\_\_/\_\_\_\_ Elected \_\_\_\_/\_\_\_\_/\_\_\_\_ Candidate notified \_\_\_\_/\_\_\_\_/\_\_\_\_

Minimum received \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Balance due \$ \_\_\_\_\_ Balance received \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_