FORM 13

## Petition for the Degrees of Masonry

## INDIANA

To the Worshipful Master, Wardens and Brethren of St. Johns Lodge No. 20, J. & A. M. Columbus, Indiana

(PRINT FULL NAME) respectfully represents that having long entertained a favorable	
opinion of your ancient Institution and having a belief in God, he is desirous of being admitted a member thereof if found worthy. He	
was born on the day of, 19	at, State of eriod of years and months next preceding the
He has resided within the jurisdiction of your Lodge for the polyage and this petition. He has not been rejected by any other M	asonic Lodge within the period of one year. The character of the
business in which he is engaged as proprietor or employee is	
Recommended by Brother	who has known petitioner years,
and Brother	who has known petitioner years.
Name	List places of employment for the past 10 years:
Address	List places of employment for the past 10 years.
Address	
Hm Ph()Off Ph()	Present Occupation?
AgeEmail	Name of firm
Served in armed forces? Branch?	Address
Father's name	
Father's address	City, State, Zip Have you ever been denied membership in, or withdrawn your petition to, or
City, State, Zip	suspended or expelled from any fraternal organization?
Is (or was) your father a Mason?  Lodge Number	Give particulars
Lodge Name	Give names and phone numbers of three business or professional references
Lodge address	other than those who signed this petition:
City, State, Zip	other than those who signed this petition.
Any Brother's Masons?	
If so give their names, addressses, and the names and location of their	
lodges.	Do you have any physical impairment?
	If so describe
	Have you ever been convicted of a criminal offense (minor traffic violations
Are you married? If so, date	excluded) in a court of competent jurisdiction?
Spouse's full name	If so give particulars:
Place of marriage	Presented Date/ Referred to the following Committee:
When and where did you last vote in a national election?	
Address's of where you lived the past 10 years:	
	Signature
	Printed: Date / /
	Mentor Name:
	Disposition: Elected Date/ E.A . Date/
Use back of form to provide additional information when necessary.	F.C. Date/ M.M. Date/
REV 2 DECEMBER 2005 Rejected Date / /	
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