

**M.W. Prince Hall Free & Accepted Masons
of Maryland**

1307 EUTAW PLACE - BALTIMORE, MD 21217

ROSCOE C. CARTWRIGHT LODGE No. 129
F. & AM.

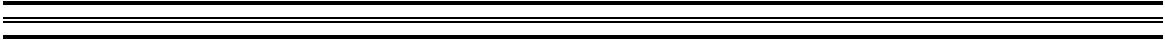
ACCOKEEK , MARYLAND. 20607

To the Worshipful Master, Wardens and Brethren:

The petition of the subscriber respectfully represents that entertaining a favorable opinion of your ancient institution, he is desirous if found worthy, of being admitted a member thereof.

He declares that he is free by birth, unbiased by the improper solicitation of friends, and uninfluenced by mercenary or other improper motives.

He further pledges himself in all things to conform to laws, rules and regulations of (his Lodge and of the Grand Lodge of the State of Maryland and Jurisdiction.



1. Name in full _____

2. Age _____ Date of Birth _____

3. Place of birth: City _____ State _____

4. Occupation _____ Name of Employer _____

5. Business of Employer _____

6. Residence of Petitioner _____
Address City, State, Zip Code

Where I have continuously resided since _____

My former residence having been at _____ Street
City _____ State _____ for _____ years.

7. Phone Number _____

8. Married, single divorced, or widower? _____

9. If married, how many times? _____. Are you now living with wife? _____

10. How many children have you? _____ Have you ever been arrested? _____

11 If so, what charge? _____

12. Were you convicted? _____

13. Have you ever made application to a Masonic Lodge before? _____

If so, name of Lodge _____ Located at _____

14. Were you rejected? _____ How many degrees did you receive? _____

15. Name of legal heir _____

a. Relationship _____

b. Address _____

16. Fee enclosed \$ _____

Signature _____

(This blank must be filled by t(he candidate in his own
handwriting in ink.)

I recommend the petitioner as worthy, and certify that I have been personally acquainted with him for _____ years immediately preceding this date.

VOUCHER No. 1 _____

Date _____, 20 _____

I recommend the petitioner as worthy, and certify that I have been personally acquainted with him for _____ years immediately preceding this date.

VOUCHER No. 2 _____

Date _____, 20 _____

Each Voucher Must Fill Out The Above Form In His Own Handwriting

INVESTIGATING COMMITTEE

Brother: _____

Brother: _____

Brother: _____

Date _____, 20 _____

It is the request of the Worshipful Master, that the vouchers will see that this application blank is properly filled out before it is presented to the lodge for consideration, and in ink,

A.D. 20 _____

A.L 59 _____

Application for Roscoe C. Cartwright Lodge No. 129 F&AM (PHA)

MEDICAL CERTIFICATIFICATION

Of Mr. _____
Address _____

MEDICAL HISTORY

Do you or have you had:	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
High Blood Pressure	()	()	Diabetes	() ()
Ulcer of Stomach or Intestines	()	()	Severe Headaches	() ()
Serious or Chronic Lung Disease	()	()	Epilepsy	() ()
Broken Bones - Dislocated Joints	()	()	Operations	() ()
Spells of Unconsciousness	()	()	Heart Attack	() ()

CERTIFIED as true and correct on this _____ day of _____, 20 _____

Applicant's Signature

PHYSICIAN'S REPORT

Do you favorably pass on the Physical Condition of the Applicant:

	<u>YES</u>	<u>NO</u>	
Heart and Blood Vessels	()	()	
Musculo-Skeletal System	()	()	
Nervous System	()	()	
Head	()	()	
Chest	()	()	
Recommendations:			
	Physically Fit	()	
	Physically Fit with Reservations	()	
	Rejected	()	

Comments:

CERTIFIED as true and within good medical judgment this _____ day of _____, 20 _____, by:

_____M.D.

Address

City, State Country