

THIS STATEMENT IS TO BE SENT TO THE SERVICE AND LEADERSHIP CENTER WITHIN TEN DAYS AFTER CEREMONY OF INVESTITURE

Priority Priority# _____

Dated _____ 20 ____

Date received in
Grand Secretary's Office

Located in _____
City State

Number of candidates receiving
Knighthood Degree _____

Check No. _____



Amount of check accompanying
This report - \$ _____

\$10.00 for EACH
Candidate

PRINT FULL NAME	Last Name	First Name	Middle Name	Date of Birth MO-DAY-YEAR	Date Degree Received MO-DAY-YEAR
1.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
2.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
3.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
4.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
5.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
6.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
7.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
8.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
9.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					

ALL CORRESPONDENCE AND PATENTS SHOULD BE SENT TO:

Name _____ ID# _____

Address: _____ Phone # _____

Date _____ 20 ____

City, State _____ Zip _____