

The Ancient and Masonic Order of the Scarlet Cord

SCARLET CORD 3rd GRADE CERTIFICATE APPLICATION FORM

To be Completed by the Consistory Recorder

This form must be completed using typescript or block letters and sent within fourteen days of the candidate via the Provincial / District Grand Recorder to:
The Grand Recorder, Mark Masons' Hall, 86 St. James's Street, London, SW1A 1PL

1. CONSISTORY	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="text-align: center; margin: 0;">NUMBER</p> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>																														
2. PROVINCE / DISTRICT / INSPECTORATE	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>																														
SCARLET CORD 3rd GRADE																															
3. COMPANION	<div style="display: flex; align-items: center; gap: 10px;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="margin: 5px 0 0 0;"><i>(Initials)</i></p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> <p style="margin: 0 5px;"><i>(Surname)</i></p> </div> </div>																														
4. FORENAMES IN FULL	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>																														
5. MMH MEMBERSHIP NUMBER	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>																														
DATE PROMOTED																															
6. 3 rd GRADE	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">DAY</th> <th style="width: 10%; text-align: center;">MONTH</th> <th style="width: 10%; text-align: center;">YEAR</th> <th style="width: 60%;"></th> </tr> </thead> <tbody> <tr> <td>ON</td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 70%;"></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: right; padding-right: 10px;">CONSISTORY NAME</td> </tr> <tr> <td>IN</td> <td colspan="4" style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">NUMBER</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </tbody> </table>		DAY	MONTH	YEAR		ON						CONSISTORY NAME				IN						NUMBER								
	DAY	MONTH	YEAR																												
ON																															
	CONSISTORY NAME																														
IN																															
	NUMBER																														
7. CERTIFICATE FEE ENCLOSED	<p>£ + VAT £ TOTAL</p>																														
DATE RECEIVED																															
8. 2 nd GRADE	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">DAY</th> <th style="width: 10%; text-align: center;">MONTH</th> <th style="width: 10%; text-align: center;">YEAR</th> <th style="width: 60%;"></th> </tr> </thead> <tbody> <tr> <td>ON</td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 70%;"></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: right; padding-right: 10px;">CONSISTORY NAME</td> </tr> <tr> <td>IN</td> <td colspan="4" style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">NUMBER</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </tbody> </table>		DAY	MONTH	YEAR		ON						CONSISTORY NAME				IN						NUMBER								
	DAY	MONTH	YEAR																												
ON																															
	CONSISTORY NAME																														
IN																															
	NUMBER																														
DATE RECEIVED																															
9. 1 st GRADE	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">DAY</th> <th style="width: 10%; text-align: center;">MONTH</th> <th style="width: 10%; text-align: center;">YEAR</th> <th style="width: 60%;"></th> </tr> </thead> <tbody> <tr> <td>ON</td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 70%;"></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: right; padding-right: 10px;">CONSISTORY NAME</td> </tr> <tr> <td>IN</td> <td colspan="4" style="border: 1px solid black;"></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">NUMBER</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </tbody> </table>		DAY	MONTH	YEAR		ON						CONSISTORY NAME				IN						NUMBER								
	DAY	MONTH	YEAR																												
ON																															
	CONSISTORY NAME																														
IN																															
	NUMBER																														
10. NAME OF RECORDER <i>(Initials & Surname)</i>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="border: 1px solid black; width: 100%; height: 15px;"></div> </div>																														
11. SIGNATURE OF RECORDER	<div style="border: 1px solid black; width: 100%; height: 25px; margin-bottom: 5px;"></div> <p style="margin: 0;">DATED</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">DAY</th> <th style="width: 10%; text-align: center;">MONTH</th> <th style="width: 10%; text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 15px;"></td> <td style="border: 1px solid black; width: 15px;"></td> </tr> </tbody> </table>		DAY	MONTH	YEAR																										
	DAY	MONTH	YEAR																												

Please take a photocopy of this form when completed and retain it for your Consistory records