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| **grand council** |  |  |

**APPLICATION FOR CRYPTIC COUNCIL CERTIFICATES**

**……………………………………………………………………….. Cryptic Council, Number …………**

 Use this application form for either once all degrees have been conferred, or after installation as a Thrice Illustrious Master.

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|  |  | **EITHER** | **OR** |
| **Surname** | **First name(s)** | **Date when degree conferred** **Select Royal Most Excellent Super Excellent** **Master Master Master Master** | **TIM****Installation Date** |
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 **Recorder name: ……………………………………………………………………………… Signature: ………………………………………………………………… Date: …………………………**

 Fee ($10 each) must accompany this application. Please make payment to 030104 0037158-00 and include reference.