

The Ancient and Masonic Order of the Scarlet Cord

PREPARATION 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 admission 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 NAME**
2. **NUMBER**
3. **PROVINCE/DISTRICT/ INSPECTORATE**

PREPARATION CERTIFICATE RECIPIENT

4. **COMPANION** *(Initials & Surname)*
5. **FORENAMES IN FULL**
6. **MMH MEMBERSHIP NUMBER** *(if known)*
7. **DATE OF PREPARATION**

ON

DATE RECEIVED

IN

OR

PROVINCIAL/DISTRICT NAME

IN
- CONSISTORY NAME

CONSISTORY No.

8. **NAME OF RECORDER** *(Initials & Surname)*
9. **SIGNATURE OF RECORDER**
- DATED