

**The Grand Council of the Royal and Select Masters
of England and Wales and its Districts and Councils Overseas**

GRAND COUNCIL CERTIFICATE APPLICATION FORM

To be completed by the Recorder

Council Recorder: This Form is to be completed and sent within fourteen days of completion of all degrees of the candidate to the District Grand Recorder
District Grand Recorder: Please forward to The Registrations Department, Mark Masons' Hall, 86 St James's Street, London SW1A 1PL,
or via email to registrations@mmh.org.uk

1. COUNCIL NAME

2. NUMBER

3. DISTRICT

GRAND COUNCIL CERTIFICATE RECIPIENT

4. COMPANION (*Initials & Surname*)

5. FORENAMES IN FULL

6. MMH MEMBERSHIP NUMBER (*if known*)

RSM DEGREES		DATE ADMITTED		COUNCIL NAME	COUNCIL No.
7. SELECT MASTER	ON		IN		
8. ROYAL MASTER	ON		IN		
9. MOST EXCELLENT MASTER	ON		IN		
10. SUPER-EXCELLENT MASTER	ON		IN		

11. NAME OF RECORDER (*Initial & Surname*)

12. SIGNATURE OF RECORDER **DATED**