## Most Worshipful Prince Hall Grand Lodge Of Ohio Petition Supplement (Questionnaire)

Lodge No.	Lodge	No.
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## Prince Hall Free and Accepted Masons

The pe	etition of the subscriber Name		Te	lephone No.				
Addres	SS	City	Sta	te Zip _				
false, y	nust give truthful answers to each q you may jeopardize any possibility e after you have attained members	of becoming a me	mber. Should any	of the answers be				
1.	What is your objective in desiring	; to become a Maso	on?					
2.	Do you believe in the existence an	nd perfection of G	DD?					
3.	What Church, if any, do you atter	nd?						
4.	Are you engaged in the transportation, distribution or sale of liquor, narcotics or other controlled							
	substances in violation of the laws of the State of Ohio?							
5.	Are you now or did you ever belo	ng to any fraternal	organization?					
6.	6. Do you have any condition that would limit or preclude your participation in certain types of							
	physical activity or exertion? If yes, do you mind disclosing the nature of the							
	condition?							
7.	Have you ever been convicted of	a felony?	Where?					
	What year?							
8.	Are you now, or have you ever be of the United States?	en, a member of a	ny organization op	posed to the Gove	ernment			
9.	Have you served in the armed for	ces?	Branch?	How Long?	)			
	Type of discharge?	Date	of discharge?					
10.	Type of discharge?Size	ngle?	Widowed?	Separated?				
11.	. How many persons compose your	Family?		-				
12.	. Have you ever filed a petition in b	bankruptcy or recei	vership?					
13.	. Has anyone solicited you to petit	ion for Masonry?	-					
14.	. Have you ever petitioned any othe When? W . Have you ever been rejected for the	er Lodge for the De	egrees in Masonry?	?				
15.	. Have you ever been rejected for the	he Degrees in Mas	onry?					
16.	. Give name of your employer(s)	e	J					
17.	. Give name of your employer(s) Will you so conduct yourself as to to its precepts?	o uphold the honor	and dignity of Ma	sonry and live acc	cording			

18. Masonic Lodges depe Are you willing to me							
19. Have you ever used at							
20. Name of Beneficiary							
Address	Relationship?						
Sign this questionnaire only i reservation that answers to th	5 5		1				
Signature		Social Security No					
Dated This	Day of			, 20			
Name in Full (Print)		Telephone					
Address		City	State	Zip			
Signed:							
		, Chairman					
		, Mem	ber				
		, Mem	ber				