Date of Birth: Birth Place:		etary for approval:			
Date of Birth: Birth Place:	Name				
Address: Street/Rual Route/Box #	First	Middle	e	Last	Title
City/Town State Zip	Date of Birth:	Bi	rth Place:		
Phone (include area code) E-Mail (if none write n/a) Spouse Name	Address:				-
Phone (include area code) E-Mail (if none write n/a) Spouse Name PETITIONED Lodge Name Lodge No Lodge Name Lodge No For the Degrees at a Stated Meeting Held Date of Stated Meeting Petition Receiv Has Candidate resided in the State of Illinois for past 6 months? Yes or No If above marked "No" attach a Territorial "Request for Waiver of Jurisdiction" If previously rejected note below, the date, lodge name, number & location Date of Rejection Lodge Name & No Lodge Location If "Waiver of Jurisdiction" over Unfinished Work has been granted, give date, Lodge whom granted Waiver, Elected Date and any Degree Dates received Waiver Date Lodge Location: FORM3-A Secretary Signature		Street/Rual Rou	ite/Box #		Apt #
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Lodge whom granted Waiver, Elected Date and any Degree Dates received Waiver Date	Date of Rejection	Lodge Name & N	No	Lodge	Location
Lodge Location: FORM3-A Secretary Signature					
FORM3-A Secretary Signature	Waiver Date Lod	lge Name & No.	Elected Date	EA Date	FC Date
Secretary Signature	Lodge Location:				
	FORM3-A		Secretary Si	ignature	
Enter all information in MORI if a new candidate.	Enter all	information in M	·		
Email copy to Grand Lodge if candidate has unfinished work or been previously rejected. Send email to rford@ilmason.org.	Littor an	copy to Grand Loo hed work or been	dge if candida	te has iected.	
	unfinish	end email to rford	i@iiiiasoii.orţ	•	