



**APPLICATION FOR REINSTATING  
Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons  
Jurisdiction of North Carolina, Incorporated**

To the Master, Wardens and Members of \_\_\_\_\_ Lodge No. \_\_\_\_\_ F.&A.M.,  
Located at \_\_\_\_\_ North Carolina

I \_\_\_\_\_ beg leave to Reinstatement.

Should my petition be granted, I will cheerfully conform to all the ancient established usages and customs of the Fraternity.

Mailing address \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Married or Single \_\_\_\_\_ Wife's maiden name \_\_\_\_\_ Occupation \_\_\_\_\_

State, country and date of marriage \_\_\_\_\_

I was raised in \_\_\_\_\_ Lodge, No. \_\_\_\_\_ Date \_\_\_\_\_

I lost my membership as an active Mason in the year of \_\_\_\_\_, because \_\_\_\_\_

Were you a Past Master? \_\_\_\_\_ Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary address \_\_\_\_\_

Signed \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

**I fully understand that I will not be eligible for the Benevolence Death Benefit if I am 55 years old.**

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**Do not complete if member is 55 years or older**

**Physician's Health Certificate**

Name \_\_\_\_\_ Address \_\_\_\_\_

Married or Single \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

General appearance as to health \_\_\_\_\_

Have you ever had a habitual cough? \_\_\_\_\_ Disease of the bladders? \_\_\_\_\_ Disease of the Kidney? \_\_\_\_\_

Girth of chest, full inspiration \_\_\_\_\_ expiration \_\_\_\_\_ Respirations \_\_\_\_\_ per minute

Height \_\_\_\_\_ Weight \_\_\_\_\_ Rate of pulse \_\_\_\_\_ per minute

Is respiration murmur clear in every part of Lungs? \_\_\_\_\_ Regular? \_\_\_\_\_

Blood pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_ Any medication? \_\_\_\_\_

Is action of heart normal? \_\_\_\_\_ Any indication of disease in any of the vital organs? \_\_\_\_\_

Any serious operations? \_\_\_\_\_

**I do hereby certify that I have examined the applicant named above as required, and the answers are correct, except those entered on information, and these are believed to be correct.**

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**M.D.**

Address \_\_\_\_\_

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Date Reinstated \_\_\_\_\_

Dclnd \_\_\_\_\_

Certified by \_\_\_\_\_ Lodge Secretary

**INSTRUCTION TO SECRETARY OF LODGE: Report This Blank to Grand Secretary with \$1.00**

**Total Fee \$ \_\_\_\_\_**