

THIS STATEMENT IS TO BE SENT TO THE SERVICE AND LEADERSHIP CENTER WITHIN TEN DAYS AFTER CEREMONY OF INVESTITURE

Priority Priority# \_\_\_\_\_

Dated \_\_\_\_\_ 20 \_\_\_\_

Date received in  
Grand Secretary's Office

Located in \_\_\_\_\_  
City State

Number of candidates receiving  
Knighthood Degree \_\_\_\_\_

Check No. \_\_\_\_\_



Amount of check accompanying  
This report - \$ \_\_\_\_\_

\$10.00 for EACH  
Candidate

PRINT FULL NAME	Last Name	First Name	Middle Name	Date of Birth MO-DAY-YEAR	Date Degree Received MO-DAY-YEAR
1.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
2.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
3.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
4.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
5.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
6.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
7.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
8.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					
9.) Name (in full)					
Mailing Address, apt. no.					
City, State, ZIP Code					

ALL CORRESPONDENCE AND PATENTS SHOULD BE SENT TO:

Name \_\_\_\_\_ ID# \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_