

The Grand Council of the Order of the Allied Masonic Degrees of England and Wales and Districts and Councils Overseas

DUPLICATE CERTIFICATE APPLICATION FORM

To be completed by the Brother concerned (Please follow instructions where to send form in section 8 of the form)

Council Secretary: This Form is to be completed and sent to the District Grand Secretary (with cheque/BACS receipt)

District Grand Secretary: Please forward with cheque to The Registrations Department, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL, or via email, only if paying by BACS, and accompanied with the BACS receipt to registrations@mmh.org.uk

11.	TYTIVID OF ODCIOTATION (g appace	ibiej				
10. 11.	SIGNATURE OF BROTHER NAME OF SECRETARY (if applice	nhle)				
Th	ne certificate will be issued to the <u>subscribin</u>	ıg Council Secre	etary or direct to t	he Brother i	f non-active in the Order.	
	LOST STOLEN	DAMAG	ED (OTHER	(specify reason below)	
9.	REASON FOR REQUEST (Please					
	ii. If No, please foward this form with cheque/Ba London SW1A 1PL, or via email, only if paying	ACS receipt to The by BACS, and ac	Registrations Departr companied with the E	nent, Mark M BACS receipt to	asons' Hall, 86 St. James's Street o registrations@mmh.org.uk	,
	 If Yes, please foward this form with cheque/B. District Grand Secretary 	ACS receipt to you	rsubscribing Council	Secretary for a	onward transmission to the	
8.	ARE YOU A SUBSCRIBING MI	EMBER OF	THE ORDER		NO	
7.	DATE OF ADMISSION			Pleas	se tick as appropriate	
6.	INSTALLED IN COUNCIL NO.					
5.	ADMITTED IN COUNCIL NAME	;				
4.	DISTRICT					
3.	FORENAMES IN FULL					
2.	BROTHER	(Initials)	(Surname)			
1.	MMH NUMBER (if known)					

Cheques made payable to GLMMM For BACS details or for a WorldPay credit card payment option please email finance@mmh.org.uk