

Grand Council of Cryptic Masons

Of The State of New York

Affidavit of Elections for 20_____

IMPORTANT—THIS FORM MUST BE COMPLETED AND RETURNED TO THE GRAND RECORDER

IMMEDIATELY AFTER THE ELECTION OF OFFICERS

PLEASE TYPE OR PRINT---FILL IN ALL BLANKS

This is to certify that:

On the _____ day of _____ 20_____ at a regular Assembly of _____ Council, # _____

The following Companions were duly elected to serve as: First Time Illustrious Master...YES---NO [circle one]

Illustrious Master: _____ Tel. { } _____ - _____

Address: _____
Street and number City zip code +4

E-Mail Address: _____

Deputy Master: _____ Tel. { } _____ - _____

Address: _____
Street and number City zip code +4

E-Mail Address: _____

Prin. Cond. Of the Work: _____ Tel. { } _____ - _____

Address: _____
Street and number City zip code +4

E-Mail Address: _____

Recorder: _____ Tel. { } _____ - _____

Address: _____
Street and number City zip code +4

E-Mail Address: _____

Council meets on: _____ {Day/WEEK/MONTH}

Except: _____ {Recess Months} at _____ PM

Meeting Place Address: _____

Council Seal _____ **Recorder**