

**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**