

Grand Council of Cryptic Masons State of New York

Recommendation form for the appointment to the office of:

District Deputy Grand Master for the _____ Cryptic District

| To the Most Illustrious Gran | nd Master and Grand Cou | ncil Cryptic Masons of the Stat | e of New York: |
|---|---|---|------------------------------------|
| The Companions of the District Deputy Grand Mass | | trict recommend for appointme ious Companion: | nt to the office of |
| | | Birth Date | <i>!</i> |
| Address: | | | |
| | E- Mail; | | |
| Phones: | | Cell: | |
| Who was Greeted on | // and ele | ected Illustrious Master/ | |
| And has distinguished hims | elf to our Companions in | the district through the following | ng Cryptic activity; |
| | | | |
| | | | |
| | | | |
| Our Companion is a member | er of: | Lodge # | |
| Grand Council. This recome expressed at the required me | nis is only a recommendation mendation comes with the eeting held on; Date: | Chapter #Chapter # | rand Master or ons of the district |
| Attest DDGM: | | | |
| Signatures of Attendees: | | | |

If additional space is needed please continue on the reverse of this page.

DDGM when form is completed please send it to the Deputy Grand Master by end of June!