Email Form

Reset Form

Grand Council Cryptic Masons of the State of NY

Report of Council Visit by Grand Line Officer

Date _____

Council _____ **#** _____ **District #** _____

Check "X" if present "A" if acting "V" if visitor

District Deputy Grand Master ☐

Illustrious Master		**Capt. of the Guard**		**Chaplain**	
Deputy Master		**Cond. of the Council**			
P.C.W.		**Steward**			
Recorder		**Marshal**			
Treasurer		**Sentinel**			

Members present _____ **Total Membership** _____ **Visitors present** _____

Observations and Recommendations of the Grand Line Officer:

Grand Captain of the Guard

Submitted by: Signature and Office

[The form should be sent to the Most Illustrious Grand Master, Deputy Grand Master, Grand Principle Conductor of the work, Grand Recorder and Illustrious Master and Recorder of the Council Visited.]