

THIS STATEMENT IS TO BE SENT TO THE SERVICE AND LEADERSHIP CENTER WITHIN TEN DAYS AFTER CEREMONY OF INVESTITURE

\_\_\_\_\_ Priority; Priority # \_\_\_\_\_

Located in \_\_\_\_\_  
 City State

Dated \_\_\_\_\_, 20 \_\_\_\_

Number of candidates receiving  
 Knighthood Degree \_\_\_\_\_

Check No. \_\_\_\_\_

Amount of check accompanying  
 this report - \$ \_\_\_\_\_

Date received in  
 Grand Secretary's Office



**\$20.00 for Each  
 Candidate**

| PRINT FULL NAME: Last Name First Name Middle Name |  |  | Date of Birth<br>MO-DAY-YEAR | Date Degree<br>Received<br>MO-DAY-YEAR |
|---|--|--|------------------------------|--|
| 1.) Name<br>(In full)                             |  |  |                              |  |
| Mailing<br>Address, apt no.                       |  |  | / /                          | / /                                    |
| City, State, ZIP Code, Email                      |  |  |                              |  |
| 2.) Name<br>(In full)                             |  |  |                              |  |
| Mailing<br>Address, apt no.                       |  |  | / /                          | / /                                    |
| City, State, ZIP Code, Email                      |  |  |                              |  |
| 3.) Name<br>(In full)                             |  |  |                              |  |
| Mailing<br>Address, apt no.                       |  |  | / /                          | / /                                    |
| City, State, ZIP Code, Email                      |  |  |                              |  |
| 4.) Name<br>(In full)                             |  |  |                              |  |
| Mailing<br>Address, apt no.                       |  |  | / /                          | / /                                    |
| City, State, ZIP Code, Email                      |  |  |                              |  |
| 5.) Name<br>(In full)                             |  |  |                              |  |
| Mailing<br>Address, apt no.                       |  |  | / /                          | / /                                    |
| City, State, ZIP Code, Email                      |  |  |                              |  |
| 6.) Name<br>(In full)                             |  |  |                              |  |
| Mailing<br>Address, apt no.                       |  |  | / /                          | / /                                    |
| City, State, ZIP Code, Email                      |  |  |                              |  |
| 7.) Name<br>(In full)                             |  |  |                              |  |
| Mailing<br>Address, apt no.                       |  |  | / /                          | / /                                    |
| City, State, ZIP Code, Email                      |  |  |                              |  |
| 8.) Name<br>(In full)                             |  |  |                              |  |
| Mailing<br>Address, apt no.                       |  |  | / /                          | / /                                    |
| City, State, ZIP Code, Email                      |  |  |                              |  |

**ALL CORRESPONDENCE AND PATENTS SHOULD BE SENT TO:**

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_, 20 \_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

SEND COPIES TO: **ONE TO - SERVICE AND LEADERSHIP CENTER, 10200 NW Ambassador Dr., Kansas City, MO 64153**  
**ONE TO - EXECUTIVE OFFICER and ONE TO - PRIORITY FILE**