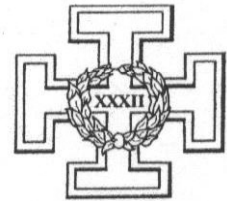


ANCIENT AND ACCEPTED SCOTTISH RITE  
of FREEMASONRY

Valley of Orlando, Orient of Florida



Personal Questionnaire

(Please Type or Print)

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Hat Size \_\_\_\_\_ Ring Size \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address (please print) \_\_\_\_\_

Married: \_\_\_\_\_ Wife's Name \_\_\_\_\_ Children's Names and ages \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Employed by: \_\_\_\_\_ Position/Title \_\_\_\_\_

Company Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)

If retired, give classification at retirement \_\_\_\_\_  
(If military, give rank or pay grade, years served, Theater of Operation)

Blue Lodge Name \_\_\_\_\_ No. \_\_\_\_\_ Location \_\_\_\_\_

Scottish Rite Bodies \_\_\_\_\_ Location \_\_\_\_\_

York Rite Bodies \_\_\_\_\_ Location \_\_\_\_\_

Shrine Temple \_\_\_\_\_ Location \_\_\_\_\_

Appendant Orders \_\_\_\_\_  
(list offices held, dates, committees, etc.)

Ritualistic Work \_\_\_\_\_  
(List Degrees, Characters portrayed)

Church Affiliation \_\_\_\_\_ Offices Held \_\_\_\_\_

Service Clubs \_\_\_\_\_ Offices Held \_\_\_\_\_

Other Important Facts \_\_\_\_\_

(Use the reverse side of this form or extra sheets of paper if needed to fully explain your activities in any of the above items)

Please fill out the personal questionnaire completely and return to:  
Orlando Scottish Rite Bodies, P. O. Box 5736, Winter Park, FL 32793-5736.  
Information on this questionnaire should be updated periodically or as needed.