



CANDIDATES ELIGIBLE FOR ADVANCEMENT TO MAJOR DEGREE

AUXILIARY / COUNCIL # _____

PLEASE PRINT LEGIBLY

I.D. # (Must be included if assigned)	NAME	ADDRESS

I, _____, District Deputy of District No. _____,
State of _____, do hereby certify that the above _____ members
have been advanced to the Major Degree of the Order, on _____, 20____
at _____
(Place) (Location) (State)

District Deputy