

The Ancient and Honourable Fraternity of Royal Ark Mariner

DUPLICATE CERTIFICATE APPLICATION FORM

To be completed by the Brother concerned (Please follow instructions where to send form in section 8 of the form)

Lodge Scribe: This Form is to be completed and sent to the Provincial/District Grand Secretary (with cheque/BACS receipt) Provincial/District Grand Secretary: Please forward with cheque to The Registrations Department, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL, or via email, only if paying by BACS, and accompanied with the BACS receipt to registrations@mmh.org.uk

1.	MMH NUMBER (if known)				
2.	BROTHER	(Initials)	(Surname)		
3.	FORENAMES IN FULL				
4.	PROVINCE/DISTRICT				
5.	ELEVATED IN LODGE NAME	C			
6.	ELEVATED IN LODGE NO.				
7.	DATE OF ELEVATION			Please tick	as appropriate
8.	ARE YOU A SUBSCRIBING M	IEMBER OF	THE ORDER?	YES	NO
0.	i. If Yes, please foward this form with cheque/ Provincial/District Grand Secretary.			-	
	ii. If No, please foward this form with cheque/BACS receipt to The Registrations Department, Mark. Masons' Hall, 86 St. James's Street London SW1A 1PL, or via email, only if paying by BACS, and accompanied with the BACS receipt to registrations@mmh.org.uk				
9. REASON FOR REQUEST (Please tick as appropriate)					
LO	ST STOLEN	DAMAGED	OTHER		y reason below, if certificate are incorrect please return with this form)
The certificate will be issued to the <u>subscribing</u> Lodge Scribe or direct to the Brother if non-active in the Order.					
10.	SIGNATURE OF BROTHER				
11.	NAME OF SCRIBE (if applicable)				
12.	SIGNATURE OF SCRIBE (if ap	plicable)			
13.	CHEQUE BACS PAYMENT OF (Please tick as appropriate)]	BACS REF.		aying by BACS you <u>MUST</u> lose receipt of payment with this form
Cheques made payable to GLMMM For BACS details or for a WorldPay credit card payment option please email finance@mmh.org.uk					