

Grand Imperial Conclave for England and Wales and its Divisions and Conclaves Overseas of the Masonic and Military Order of the Red Cross of Constantine, and the Orders of the Holy Sepulchre and of St. John the Evangelist

**ENTHRONEMENT RETURN**

This form must be completed using typescript or block letters and sent via the Divisional Grand Recorder to: The Grand Recorder, Registry of the Orders, Mark Masons' Hall, 86 St. James's Street, London, SW1A 1PL immediately after the Enthronement of the Most Puissant Sovereign and the Installation of the Viceroy.

|   |   |  |  |       |       |   |   |   |   |
|---|---|--|--|-------|-------|---|---|---|---|
| 1. CONCLAVE NAME  | <input style="width:100%; height:20px;" type="text"/>   |  |  |       |       |   |   |   |   |
| 2. NUMBER   | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> |  |  |       |       |   |   |   |   |
| 3. DIVISION   | <input style="width:100%; height:20px;" type="text"/>   |  |  |       |       |   |   |   |   |
| 4. SOVEREIGN  | KNIGHT<br><i>(Initials &amp; Surname)</i>   | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>  | <input style="width:100%; height:20px;" type="text"/>  |       |       |   |   |   |   |
| 5. FORENAMES IN FULL  | <input style="width:100%; height:20px;" type="text"/>   |  |  |       |       |   |   |   |   |
| 6. DECORATIONS AND HONOURS  | <input style="width:100%; height:20px;" type="text"/>   | 7. STYLE OR TITLE<br><i>(e.g. Mr, Sir, Brigadier)</i>  | <input style="width:100%; height:20px;" type="text"/>  |       |       |   |   |   |   |
| 8. RESIDING AT  | (i)   | <input style="width:100%; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
|   | (ii)  | <input style="width:100%; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
|   | (iii)   | <input style="width:100%; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
|   | (iv)  | <input style="width:100%; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
|   | (v)   | <input style="width:100%; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
|   | (vi) POSTCODE   | <input style="width:100%; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
| HAVING BEEN REGULARLY ELECTED <i>(complete one of the following)</i>  |   |  |  |       |       |   |   |   |   |
| 9a. WAS INSTALLED AS VICEROY*   | IN CONCLAVE NUMBER  | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>  | ON <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td></tr></table>              | DAY   | MONTH | YEAR  | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> |
| DAY   | MONTH   | YEAR   |  |       |       |   |   |   |   |
| <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
| and served in the office for a full year, from one installation to the next   |   |  |  |       |       |   |   |   |   |
| * <i>(Delete as applicable)</i>   |   |  |  |       |       |   |   |   |   |
| 9b. OR  | WAS PREVIOUSLY ENTHRONED AS SOVEREIGN   | IN CONCLAVE NUMBER   | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>  |       |       |   |   |   |   |
|   |   |  | ON <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td></tr></table>              | DAY   | MONTH | YEAR  | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> |
| DAY   | MONTH   | YEAR   |  |       |       |   |   |   |   |
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| 9c. OR  | DISPENSATION NUMBER   | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>  | BEING ISSUED ON <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td></tr></table> | DAY   | MONTH | YEAR  | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> |
| DAY   | MONTH   | YEAR   |  |       |       |   |   |   |   |
| <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
|   | AND WAS DULY ENTHRONED SOVEREIGN OF THE ABOVE CONCLAVE ON   | <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td></tr></table> | DAY  | MONTH | YEAR  | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> |   |
| DAY   | MONTH   | YEAR   |  |       |       |   |   |   |   |
| <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
| 10. VICEROY   | KNIGHT<br><i>(Initials &amp; Surname)</i>   | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>  | <input style="width:100%; height:20px;" type="text"/>  |       |       |   |   |   |   |
| 11. FORENAMES IN FULL   | <input style="width:100%; height:20px;" type="text"/>   |  |  |       |       |   |   |   |   |
| 12.   | WAS INSTALLED AS VICEROY ON   | <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td></tr></table> | DAY  | MONTH | YEAR  | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> |   |
| DAY   | MONTH   | YEAR   |  |       |       |   |   |   |   |
| <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
| If there have been any changes in respect of the below, please tick the appropriate box, and complete the details overleaf. |   |  |  |       |       |   |   |   |   |
|   | RECORDER <input type="checkbox"/>   | TREASURER <input type="checkbox"/>   | GRAND OFFICER(S) <input type="checkbox"/>  |       |       |   |   |   |   |
| 13. NAME OF RECORDER <i>(Initials &amp; Surname)</i>  | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
| 14. SIGNATURE OF RECORDER   | <input style="width:100%; height:20px;" type="text"/>   |  | DATED <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td><td><input style="width:20px; height:20px;" type="text"/></td></tr></table>           | DAY   | MONTH | YEAR  | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> |
| DAY   | MONTH   | YEAR   |  |       |       |   |   |   |   |
| <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>   | <input style="width:20px; height:20px;" type="text"/>  |  |       |       |   |   |   |   |
| <b>I hereby certify that the above is a correct return</b>  |   |  |  |       |       |   |   |   |   |

OFFICE USE:  
Reg:  
GLMMM:  
MSS:

Please take a photocopy of this form when completed and retain it for your Conclave records

# CHANGE OF DETAILS

## Recorder / Treasurer / Grand Officer *(delete as necessary)*

1. INITIALS AND SURNAME

2. FORENAMES IN FULL

3. DECORATIONS AND HONOURS  4. STYLE OR TITLE   
*(e.g. Mr, Sir, Brigadier)*

5. ADDRESS  
 (i)   
 (ii)   
 (iii)   
 (iv)   
 (v)

6. DATE OF BIRTH 

| DAY                  | MONTH                | YEAR                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

 (vi) POSTCODE

7. TELEPHONE HOME  WORK   
 MOBILE  FAX   
 E-MAIL

## Recorder / Treasurer / Grand Officer *(delete as necessary)*

1. INITIALS AND SURNAME

2. FORENAMES IN FULL

3. DECORATIONS AND HONOURS  4. STYLE OR TITLE   
*(e.g. Mr, Sir, Brigadier)*

5. ADDRESS  
 (i)   
 (ii)   
 (iii)   
 (iv)   
 (v)

6. DATE OF BIRTH 

| DAY                  | MONTH                | YEAR                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

 (vi) POSTCODE

7. TELEPHONE HOME  WORK   
 MOBILE  FAX   
 E-MAIL

## GRAND OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION 

| DAY                  | MONTH                | YEAR                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

  
*(delete as necessary)*

3. GRAND RANK

## GRAND OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION 

| DAY                  | MONTH                | YEAR                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

  
*(delete as necessary)*

3. GRAND RANK