**INSTRUCTIONS**

1. Must be child (21 or younger ) of Illinois Master Mason.
2. Complete referral legibly.
3. Email completed referral to [Jessica.imcap@ilmason.org](mailto:Jessica.imcap@ilmason.org)

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| --- | --- | --- | --- | --- | --- | --- |
| **CHILDREN/YOUNG ADULT INFORMATION** | | | | | | |
| Please list all children/young adults 21 or younger. | | | | | | |
| Last Name |  | First Name | |  | Middle |  |
| DOB |  | | Sex: Male  Female  | | | |
| Address |  | | | | | |
| Last Name |  | First Name | |  | Middle |  |
| DOB |  | | Sex: Male  Female  | | | |
| Address |  | | | | | |
| Last Name |  | First Name | |  | Middle |  |
| DOB |  | | Sex: Male  Female  | | | |
| Address |  | | | | | |
| Last Name |  | First Name | |  | Middle |  |
| DOB |  | | Sex: Male  Female  | | | |
| Address |  | | | | | |

Names and ages of children/young adults residing in or outside the home not listed above:

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| --- | --- | --- | --- | --- | --- | --- |
| **PARENT/LEGAL GUARDIAN/OTHER ADULT INFORMATION** | | | | | | |
| Last Name |  | First Name |  | | Middle |  |
| Address | | | | | | |
| Email | | | | Phone | | |
| **PARENT/LEGAL GUARDIAN/OTHER ADULT INFORMATION** | | | | | | |
| Last Name |  | First Name |  | | Middle |  |
| Address | | | | | | |
| Email | | | | Phone | | |

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| **MASONIC FATHER/GUARDIAN INFORMATION** | |
| Masonic Member Name | |
| Lodge Name |  Not Known |



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| **REFERRAL DETAILS** |
|  |

Person completing referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Lodge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person competing referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_