

The Recorder of every Council is required to make this Return annually, immediately after the Installation of Office-Bearers

Return of Office-Bearers of Cryptic Council _____ **No.** _____

on the Roll of the Supreme Grand Royal Arch Chapter of Scotland

N.B. No Companion can be elected an Office-Bearer unless his name had been recorded in the Books of the Supreme Grand Chapter.

Office	Full Name	Address	<p style="text-align: center;">CERTIFICATE OF ELECTION AND OBLIGATION</p> <p>We hereby declare that the herein named Companions are the Office-bearers elected in Cryptic Council No. _____ for the year 20 - 20</p> <p>Date of Installation _____</p> <p>(signed) _____</p> <p>(signed) _____</p> <p style="text-align: right;">20 T.I.M. Recorder</p>		
T.I.M. (see over, Cert Chair Degrees)					
D.M.					
P.C.W.					
Recorder					
Treasurer					
Chaplain					
Captain of the Guard					
Conductor of the Council					
Marshal					
Director of Ceremonies					
Superintendent of Works					
Sword-bearer					
Steward					
Sentinel					

To be forwarded to Grand Scribe E. with signed Return Form showing the Fees for Certificates etc., and including Remittance for same.

**RETURN
of
OFFICE-BEARERS
of**

**CERTIFICATE OF INSTALLATION DEGREE
CONFERRED**

**This certificate must be signed by three installing T.I.Ms.
present, in terms of Supreme Grand Chapter Laws.**

We certify that

Companion _____ ,

member of Cryptic Council No. _____ and Chapter No. _____

**has been duly installed by us this day into the Chair of Thrice
Illustrious Master and that we have duly conferred on him the Degree
of Thrice Illustrious Master.**

CRYPTIC COUNCIL,

No.

Date of Annual Election of Office-Bearers

Date of Installation of Office-Bearers

***Number of Qualified Members**

Ordinary Meetings –

Dates on which held (e.g. 3rd Friday of 1, 2, 4, etc.) :-

Place of Meeting :-

(signed) _____ T.I.M. of No. _____

(signed) _____ T.I.M. of No. _____

(signed) _____ T.I.M. of No. _____

***It is essential that only the number of Qualified Members is entered here. The
number must be stated.**

Date:- _____ 20