

# Order of the Sword of Bunker Hill

## Charter Request Form

State of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Re-instatement or New Charter - Location: \_\_\_\_\_

Name & No. of the Order: \_\_\_\_\_

Please complete below:

Requestors Name: \_\_\_\_\_

Office Holder: Yes / No Title if any: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Co-Requestors Name(s), Title? & Phone: \_\_\_\_\_

\* Is the Order permanently approved to operate in the State by the Grand Lodge? \_\_\_\_\_  
If not, what is the approval process? \_\_\_\_\_

Current Grand Masters Name: \_\_\_\_\_ Term: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grand Secretary Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are there TEN SOBH Members in the State involved? \_\_\_\_\_ List the Members below:

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 2. _____  | 3. _____  |
| 4. _____  | 5. _____  | 6. _____  |
| 7. _____  | 8. _____  | 9. _____  |
| 10. _____ | 11. _____ | 12. _____ |

Name of person requesting to be in charge of the Order: \_\_\_\_\_

Title if any: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How often do you plan to do a conferral? \_\_\_\_\_

If approved; What Lodge would the requestor like the chartering process to be done in?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Is this the permanent location of the Charter? \_\_\_\_\_ If not Where? \_\_\_\_\_

\*Must be answered.

Office use only:

Date & Follow-up actions: \_\_\_\_\_

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