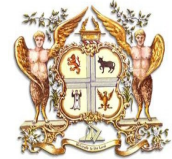


**Rev. Joseph T, Thornton Most
Excellent Prince Hall Grand Chapter,
Holy Royal Arch Masons (PHA)
(Jurisdiction of Oklahoma)
PO Box 3666
Broken Arrow, OK 74013-3666**



REQUEST for DEMIT

PART 1

This is to certify that Companion _____ having received the degrees in Capitular Masonry and is presently a member in GOOD STANDING.

Chapter No.	Located At:	
Address:		
City:	State:	Zip Code:
Jurisdiction of		

Companion _____ Is desirous of demitting to

Chapter No.	Located At:	
Address:		
City:	State:	Zip Code:
Jurisdiction of		

In accordance with accepted Masonic procedures, this Companion's demit was voted on and approved on _____ 20____, A.I _____. In Testimony Thereof, we have granted his request for Demit. Given under the hand and seal of the Rev. Joseph T. Thornton Most Excellent Prince Hall Grand Chapter of Holy Royal Arch Masons for the Jurisdiction of Oklahoma. This demit was on issued on _____ 20____, A.I. ____.

Secretary's Signature

Excellent High Priest's Signature

A COMPLETED PETITION MUST ACCOMPANY THIS DOCUMENT. BOTH DOCUMENTS WILL EXPIRE 90 DAYS AFTER DATE OF ISSUE.

NOTE: IT IS STRONGLY RECOMMENDED THAT COMPANIONS RETURNING FROM OVERSEAS AREAS SHOULD CONSIDER DEMITTING TO THE GRAND HOLDING CHAPTER UNLESS YOU ARE DEMITTING TO ANOTHER CHAPTER WITHIN THE JURISDICTION OF OKLAHOMA. WE ALSO REQUEST THAT YOU PROVIDE THE GRAND CHAPTER WITH A PERMANENT ADDRESS IN THE STATES. THAT ADDRESS SHOULD BE FOR A PARENT OR FAMILY MEMBER WHO WILL KNOW YOUR LOCATION AND CAN PROVIDE IT TO US IF WE HAVE TO CONTACT YOU FOR ANY REASON.

CUT ALONG DOTTED LINE

PART 2

The Secretary of the gaining Chapter to which the Companion named on the attached Demit Request form is joining is requested to complete this sheet and detach PART 2 and return it to the losing Chapter at the address indicated.

This is to certify that Companion _____ named on the associated Request for Demit dated _____ 20____, A. L. _____ accompanied by this form was accepted by _____ Chapter number ____ in _____ Jurisdiction. His demit was voted on and approved on _____, 20____, A.I. _____.

Secretary's Signature

Excellent High Priest's Signature

THIS DOCUMENT WILL EXPIRE 90 DAYS AFTER DATE OF ISSUE