



**MOST WORSHIPFUL UNION GRAND LODGE  
KOP SIR KNIGHT  
BACKGROUND CHECK INFORMATION FORM**



NAME: \_\_\_\_\_  
LAST FIRST MIDDLE (FULL)

LIST ANY ALIASES: \_\_\_\_\_  
(SEPARATE MULTIPLE ALIASES BY COMMAS)

DATE OF BIRTH: \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ SSN# \_\_\_\_\_  
MM/DD/YY LAST 4 DIGITIS

HOME ADDRESS: \_\_\_\_\_  
IF LESS THAN (6) MONTHS, LIST ON LINE BELOW YOUR PREVIOUS ADDRESS

ADDRESS: \_\_\_\_\_

**A \$20.00 PROCESSING FEE MUST ACCOMPANY THIS QUESTIONNAIRE, THE FEE IS NON-REFUNDALBE. LODGE CHECKS, CASHIERS CHECKS, OR MONEY ORDERS ONLY. NO PERSONAL CHECK ACCEPTED.**

APPLICANTS SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

By signing this form the applicant acknowledges the following:

All information submitted is true and accurate. The applicant authorizes the Most Worshipful Union Grand Lodge to conduct a legal and pprofess8ional background check for membership consideration.

Instructions:

The applicant is to return the completed form with payment to the KOP Council. The Council is to make a copy for its records. The original is to be forwarded along with the fee to the Most Worshipful Union Grand Lodge.

**Official Use Only:**

**To Be Completed by the KOP Council**

Council Director Name: \_\_\_\_\_ (Please Print) Masonic Zone # \_\_\_\_\_ District # \_\_\_\_\_

Council Director Contact Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Council Name \_\_\_\_\_ # \_\_\_\_\_