



**R.W. GRAND LODGE OF THE FREE  
AND ACCEPTED MASONS OF PENNSYLVANIA**

**APPLICATION FOR ADMISSION  
OF A  
MINOR CHILD  
TO THE  
MASONIC VILLAGE AT ELIZABETHTOWN, PA**

Date \_\_\_\_\_, 20 \_\_\_\_

APPLICATION NO. \_\_\_\_\_

Whereas, I, the undersigned, being the \_\_\_\_\_ of \_\_\_\_\_  
(Legal Guardian)

\_\_\_\_\_, the minor \_\_\_\_\_ of \_\_\_\_\_,

and am unable to provide said child with a proper and suitable home, or maintain, educate, feed and clothe said child, and am desirous that said child should receive the benefits and advantages afforded to children in the Masonic Village at Elizabethtown of the R.W. Grand Lodge of Free and Accepted Masons of Pennsylvania, and

whereas, the Masonic Village, endeavors to provide a home where the children under its care will be trained and educated so as to be fitted for the requirements of life in so far as they are able so to do.

Now, Therefore, I, the \_\_\_\_\_ of \_\_\_\_\_  
(Legal Guardian)

do hereby make formal application through \_\_\_\_\_ Lodge No. \_\_\_\_\_  
for admission of said child to said Masonic Village and agree, upon final approval of this application, to consent to admission of said child to the Masonic Village and to undertake and promise not to interfere in the management and training of the said child, nor to visit **him/her** without the consent of the supervisor of the Masonic Children's Home, nor to ask or to receive any consideration for services during **his/her** residence therein.

I furthermore agree to provide another home for the said child whenever the Masonic Children's Home shall so request.

I furthermore agree to abide by the present and future Rules and Regulations of the Masonic Children's Home and to pay to said Masonic Children's Home the income from any estate the child now has or may thereafter acquire while in said Homes.

I also aver that the answers to the questions attached to this application are true and correct to the best of my knowledge and belief.

In Witness Whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Legal Guardian

**To the Applicant, and Legal Guardian of an applicant for admission to the Children's Home at the Masonic Village at Elizabethtown, Pennsylvania.**

**We are pleased to inform you that we are in compliance with the rules and regulations of the Office for Civil Rights, U.S. Dept. of Health and Human Services, Bureau of Civil Rights Compliance, Department of Public Welfare and/or The Pennsylvania Human Relations Commission.**

**However, we want you to know that you have the right to contact a representative of these agencies if you feel we are not meeting our obligations in their respective jurisdictions.**

**Revised 1-01-04**

**CHILD'S PERSONAL HISTORY**  
(To be filled in by parent, Grandparent or Guardian)

1. Child's name in full \_\_\_\_\_
2. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_
3. With whom is child now living? \_\_\_\_\_
4. Relationship \_\_\_\_\_ Where \_\_\_\_\_
5. Parentage:

	<b>FATHER</b>	<b>MOTHER</b>
Full Name:	_____	_____
Where born	_____	_____
Date of Birth	_____	_____
Date of Death	_____	_____
Place of Death	_____	_____
Cause of Death	_____	_____
Occupation	_____	_____
Mother's Maiden Name	_____	
Mother lawfully married to	_____ on _____	
Church affiliation of parent's	_____	

6. **Grand parentage** (if application concerns the grandchild of a Master Mason):

	<b>GRANDFATHER</b>	<b>GRANDMOTHER</b>
Full Name:	_____	_____
Where born	_____	_____
Date of Birth	_____	_____
Date of Death	_____	_____
Place of Death	_____	_____
Cause of Death	_____	_____

Occupation \_\_\_\_\_

Grandmother's Maiden Name \_\_\_\_\_

Grandmother lawfully married to \_\_\_\_\_ on \_\_\_\_\_

Church affiliation of grandparent's \_\_\_\_\_

7. Brothers and sisters of parents (in case of grandchild):

NAME	AGE	RESIDENCE	OCCUPATION

8. Brothers and sisters of child:

NAME	AGE	RESIDENCE	HOW MAINTAINED OR EMPLOYED

9. Spiritual services information (see note)

Religious affiliation \_\_\_\_\_  
Catholic, Jewish, Protestant, Other (specify)

Name of church or synagogue \_\_\_\_\_

10. Applicant's family physician Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

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

For what ailments have you consulted the physician during the last five years?

\_\_\_\_\_  
\_\_\_\_\_

11. Any history of use of illegal drugs or alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes explain.

\_\_\_\_\_  
\_\_\_\_\_

12. Has application for the admission of the child ever been made to any other home?

\_\_\_\_\_

Location: \_\_\_\_\_

Date of application: \_\_\_\_\_

Result of application: \_\_\_\_\_

13. Has applicant ever been confined to a hospital or institution of any kind? If so, furnish full details giving dates and reason for such confinement.

\_\_\_\_\_  
\_\_\_\_\_

14. Police Record? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

15. History of sex abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

16. Name and address of child's statutory guardian, if any \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



24. List all assets of every kind and character owned by the minor at the present time. Include all checking and savings accounts, stocks, bonds, insurance policies, etc. (If more space is needed use a piece of white paper and attach it to this sheet.)

TYPE OF ASSET	ACC'T. No.	NAME OF INSTITUTION	AMOUNT OF WORTH

25. In case of serious illness or death of this child, the following should be notified:

NAME	RELATIONSHIP	ADDRESS	PHONE NO.

---

Signature of parent or guardian

I, the undersigned, certify that the foregoing application and personal history of the child were filled in and signed in my presence.

---

Signature of parent or guardian

Revised 10-01-90