

Order of Malta

INSTALLATION RETURN

This form must be completed using typescript or block letters and sent via the Provincial Vice-Chancellor to:
The Chancery of the Orders, 86 St. James's Street, London, SW1A 1PL immediately after the Installation of the Prior.

1. PRIORY NAME	<input type="text"/>														
2. NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>												
3. PROVINCIAL PRIORY	<input type="text"/>														
4. PRIOR	KNIGHT <i>(Initials & Surname)</i>	<input type="text"/>	<input type="text"/>												
5. FORENAMES IN FULL	<input type="text"/>														
6. DECORATIONS AND HONOURS	<input type="text"/>	7. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i>	<input type="text"/>												
8. RESIDING AT	(i)	<input type="text"/>													
	(ii)	<input type="text"/>													
	(iii)	<input type="text"/>													
	(iv)	<input type="text"/>													
	(v)	<input type="text"/>													
		(vi) POSTCODE	<input type="text"/>												
HAVING BEEN REGULARLY ELECTED <i>(complete one of the following)</i>															
9a. WAS INVESTED AS CAPTAIN-GENERAL / LIEUTENANT-GENERAL* and served in the office for a full year, from one installation to the next <small>* <i>(Delete as applicable)</i></small>	IN PRIORY NUMBER	<input type="text"/>	ON <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>						
DAY	MONTH	YEAR													
<input type="text"/>	<input type="text"/>	<input type="text"/>													
9b. OR	WAS PREVIOUSLY INSTALLED PRIOR	IN PRIORY NUMBER	<input type="text"/>												
9c. OR	DISPENSATION NUMBER	<input type="text"/>	BEING ISSUED ON <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>						
DAY	MONTH	YEAR													
<input type="text"/>	<input type="text"/>	<input type="text"/>													
AND WAS DULY INSTALLED PRIOR OF THE ABOVE PRIORY ON		<table border="1" style="display:inline-table; border-collapse: collapse;"><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1" style="display:inline-table; border-collapse: collapse;"><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR													
<input type="text"/>	<input type="text"/>	<input type="text"/>													
DAY	MONTH	YEAR													
<input type="text"/>	<input type="text"/>	<input type="text"/>													
10. CAPTAIN-GENERAL	KNIGHT <i>(Initials & Surname)</i>	<input type="text"/>	<input type="text"/>												
11. FORENAMES IN FULL	<input type="text"/>														
12.	WAS APPOINTED CAPTAIN-GENERAL AND INVESTED ON		<table border="1" style="display:inline-table; border-collapse: collapse;"><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>						
DAY	MONTH	YEAR													
<input type="text"/>	<input type="text"/>	<input type="text"/>													
13. LIEUTENANT-GENERAL	KNIGHT <i>(Initials & Surname)</i>	<input type="text"/>	<input type="text"/>												
14. FORENAMES IN FULL	<input type="text"/>														
15.	WAS APPOINTED LIEUTENANT-GENERAL AND INVESTED ON		<table border="1" style="display:inline-table; border-collapse: collapse;"><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>						
DAY	MONTH	YEAR													
<input type="text"/>	<input type="text"/>	<input type="text"/>													
If there have been any changes in respect of the below, please tick the appropriate box, and complete the details overleaf.															
	REGISTRAR <input type="checkbox"/>	TREASURER <input type="checkbox"/>	GREAT OFFICER(S) <input type="checkbox"/>												
16. NAME OF REGISTRAR <i>(Initials & Surname)</i>	<input type="text"/>	<input type="text"/>													
17. SIGNATURE OF REGISTRAR	<input type="text"/>	DATED	<table border="1" style="display:inline-table; border-collapse: collapse;"><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>						
DAY	MONTH	YEAR													
<input type="text"/>	<input type="text"/>	<input type="text"/>													
I hereby certify that the above is a correct return															

Please take a photocopy of this form when completed and retain it for your Priory records

CHANGE OF DETAILS

Registrar / Treasurer / Great Officer *(delete as necessary)*

1. INITIALS AND SURNAME

2. FORENAMES IN FULL

3. DECORATIONS AND HONOURS 4. STYLE OR TITLE
(e.g. Mr, Sir, Brigadier)

5. ADDRESS

(i)

(ii)

(iii)

(iv)

(v)

(vi) POSTCODE

6. DATE OF BIRTH

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. TELEPHONE

HOME WORK

MOBILE FAX

E-MAIL

Registrar / Treasurer / Great Officer *(delete as necessary)*

1. INITIALS AND SURNAME

2. FORENAMES IN FULL

3. DECORATIONS AND HONOURS 4. STYLE OR TITLE
(e.g. Mr, Sir, Brigadier)

5. ADDRESS

(i)

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(vi) POSTCODE

6. DATE OF BIRTH

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. TELEPHONE

HOME WORK

MOBILE FAX

E-MAIL

GREAT OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION
(delete as necessary)

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. GREAT RANK

GREAT OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION
(delete as necessary)

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. GREAT RANK