## The Grand Lodge of Canada in the Province of Ontario, A.F & A.M.

## Ottawa District 1

THIS CERTIFIES THAT

# [Name]

Has successfully completed the required components to be recognized as a MASTER RITUALIST within this program

Dated this [Day] day of [Date]

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Worshipful Master |  | Secretary |

