

The American Association of the Order of St. Lazarus Inc.
APPLICATION
For an award of the Holy Land Pilgrimage Medal

Full Name of Qualified Pilgrim: _____ Rank: _____

Address: _____

City/ Zip Code/Country: _____

Email Address: _____

Dates of Pilgrimage: From: _____ To: _____

Qualification prerequisites sites visited: (at least three sites required).

- | | |
|---|---|
| <input type="checkbox"/> The Old City of Jerusalem | <input type="checkbox"/> City of Nazareth |
| <input type="checkbox"/> City of Acre (Akko) | <input type="checkbox"/> The Mount of Olives |
| <input type="checkbox"/> Garden of Gethsemane | <input type="checkbox"/> The Church of the Holy Sepulchre |
| <input type="checkbox"/> The Basilica of the Nativity,
Bethlehem | <input type="checkbox"/> List other sites visited |
| <input type="checkbox"/> The Tome and Church of St. Lazarus | _____ |
| <input type="checkbox"/> The Via Dolorosa | _____ |

Declaration by the Head of Jurisdiction / Sub-Jurisdiction:

I certify that the above-named is a member of the Order in good standing and has successfully attended a Pilgrimage to the Holy Land made under religious auspices and which included at least three of the recommended sites.

Signed: _____ Date _____
Jurisdiction _____

To receive the Holy Land Pilgrimage Medal and embroidered Shell, please return this completed and endorsed form by email to keeper@st-lazarus.us OR by mail/courier to Keeper of the Holy Land Pilgrimage Medal at:

Michelle Daniel OLJ
831E Second St.
Pass Christian, MS 39571
228-216-1387
keeper@st-lazarus.us

Additionally, please send a suggested minimum donation of \$550.00 by check payable to AASL at 38 Peaceable Street, Ridgefield, CT 06877.

If you prefer, you may make your donation by credit card at <https://www.st-lazarus.us/pilgrims-medal-payment/>