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1B 1A  #

PLEASE PRINT



## FOURTH DEGREE MEMBERSHIP DOCUMENT

## KNIGHTS OF COLUMBUS

1 COLUMBUS PLAZA, NEW HAVEN CT 06510  
A SOCIETY OF CATHOLIC MENPRINTED  
IN  
U.S.A.

4 7107

LAST NAME		FIRST NAME		MIDDLE INITIAL		TITLE		
STREET		CITY		ST / PROV		POSTAL CODE / COUNTRY		
HOME PHONE		DATE OF BIRTH		MARITAL STATUS		1st DEGREE DATE		
						COUNCIL NO.		
CITIZEN OF WHAT COUNTRY?			BY BIRTH OR NATURALIZATION?		IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED?		YES	NO
IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE:				ASSEMBLY NUMBER		CITY		ST/PROV.
INITIATION		TERMINATION						
DATE OF								

MEMBERSHIP  
NUMBER

- NEW MEMBER
- RESTORATION
- TRANSFER
- HONORARY LIFE MEMBERSHIP
- DATA CHANGE
- SUSPENSION \_\_\_\_\_ reason \_\_\_\_\_
- DEATH \_\_\_\_\_ mo day yr \_\_\_\_\_

REASON FOR TERMINATION	
PARISH	
I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.	
SIGNATURE OF APPLICANT	DATE
SIGNATURE OF PROPOSER	ASSEMBLY
PROPOSER MEMBER NUMBER (REQUIRED)	

ASSEMBLY	NUMBER	CITY	ST/PROV
NEW OR PRESENT			
FORMER			

I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING

IN \_\_\_\_\_  
COUNCIL NO. \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE

SIGNATURE OF FINANCIAL SECRETARY

FAITHFUL NAVIGATOR _____	DATE _____
FAITHFUL COMPTROLLER _____	DATE _____

RECEIVED FEES OF \$ \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICANT INITIATED AT \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Master (required for new members only)

Supreme Secretary Copy