

PROPER COMPLETION OF FORM 4

At the request of the Worthy District Master of Connecticut, please review these instructions on completing a Form 4 properly.

Please note that all the (X) marks indicated below are areas that must be completely filled out before submitting a completed form for the Exemplification. **Section 1, 2, 4 and 6 are to be filled out by the candidate.** After which the proper signature of the Financial Secretary of the CANDIDATE'S HOME COUNCIL is to be filled out in **Section 7.** Finally the Faithful Navigator and the Faithful Comptroller of the Assembly of which the candidate is **joining** are to be affixed to the Form 4 in **Section 5.** Then the COMPLETED Form 4 with payment must be forwarded to the Assembly that is **assisting The District Master who is Hosting** the Exemplification. All payments/checks are to be made out to **Allyn Temple, District Master.**

To Summarize Sections 1, 2, 4, 5, 6 and 7 are to be completely filled out before the Form 4 application is to be submitted with the proper payment.

PLEASE NOTE if the Form 4 is not completed as directed, it could be returned to the Assembly to be corrected, which will result in a delay in the process. Please, Please take note to make this procedure proceed as smoothly as possible for your candidates and submit your paperwork as early as possible.

Your care and cooperation in this matter is greatly appreciated.

Thank you



FOURTH DEGREE MEMBERSHIP DOCUMENT
KNIGHTS OF COLUMBUS
 A SOCIETY OF CATHOLIC MEN

PRINTED
IN
U.S.A.

4 12/14

LAST NAME <input checked="" type="checkbox"/> FIRST NAME <input checked="" type="checkbox"/> MIDDLE INITIAL <input checked="" type="checkbox"/> TITLE <input checked="" type="checkbox"/>				MEMBERSHIP NUMBER <input checked="" type="checkbox"/>	
STREET <input checked="" type="checkbox"/> CITY <input checked="" type="checkbox"/> ST / PROV <input checked="" type="checkbox"/> POSTAL CODE / COUNTRY <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> NEW MEMBER <input type="checkbox"/> RESTORATION	
HOME PHONE <input checked="" type="checkbox"/>		DATE OF BIRTH <input checked="" type="checkbox"/>		<input type="checkbox"/> TRANSFER <input type="checkbox"/> HONORARY MEMBERSHIP	
MARITAL STATUS <input checked="" type="checkbox"/>		1st DEGREE DATE <input checked="" type="checkbox"/>		<input type="checkbox"/> HONORARY LIFE MEMBERSHIP <input type="checkbox"/> DATA CHANGE	
COUNCIL NO. <input checked="" type="checkbox"/>		CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		<input type="checkbox"/> SUSPENSION _____ reason	
BY BIRTH OR NATURALIZATION? <input checked="" type="checkbox"/>		IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED? <input checked="" type="checkbox"/>		<input type="checkbox"/> DEATH _____ mo day yr	
YES NO		IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE:		6	
INITIATION _____		TERMINATION _____		ASSEMBLY NUMBER _____ CITY _____ ST/PROV. _____	
DATE OF _____		REASON FOR TERMINATION _____		7	
PARISH <input checked="" type="checkbox"/>		ASSEMBLY _____ NUMBER _____ CITY _____ ST/PROV. _____		NEW OR PRESENT <input checked="" type="checkbox"/>	
FORMER _____		I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING		8	
THEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.		IN <input checked="" type="checkbox"/> COUNCIL NO. _____ LOCATION _____		9	
SIGNATURE OF APPLICANT _____ DATE _____		DATE _____ SIGNATURE OF FINANCIAL SECRETARY _____		RECEIVED FEES OF \$ _____ DATE _____	
SIGNATURE OF PROPOSER _____ ASSEMBLY _____		APPLICANT INITIATED AT _____ DATE _____		Signature of Master (required for new members only)	
PROPOSER MEMBER NUMBER (REQUIRED) _____		FAITHFUL NAVIGATOR <input checked="" type="checkbox"/> DATE _____		FAITHFUL COMPTRROLLER <input checked="" type="checkbox"/> DATE _____	