



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

PRINTED
IN
U.S.A.

1	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.																			
2	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: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">INITIATION</td> <td colspan="2">TERMINATION</td> <td colspan="2">ASSEMBLY NUMBER</td> <td colspan="2">CITY</td> <td colspan="1">ST/PROV.</td> </tr> <tr> <td colspan="1">DATE OF</td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> </tr> </table>									INITIATION		TERMINATION		ASSEMBLY NUMBER		CITY		ST/PROV.	DATE OF							
INITIATION		TERMINATION		ASSEMBLY NUMBER		CITY		ST/PROV.																		
DATE OF																										
3	REASON FOR TERMINATION				ASSEMBLY	NUMBER	CITY		ST/PROV																	
	PARISH				NEW OR PRESENT																					
	FORMER																									
4	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)																									
I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING IN _____ COUNCIL NO. _____ LOCATION _____ _____ DATE _____ SIGNATURE OF FINANCIAL SECRETARY _____																										
5	FAITHFUL NAVIGATOR _____ DATE _____																									
	FAITHFUL COMPTROLLER _____ DATE _____																									
RECEIVED FEES OF \$ _____ DATE _____ APPLICANT INITIATED AT _____ DATE _____ _____ <small>Signature of Master (required for new members only)</small>																										

MEMBERSHIP NUMBER

NEW MEMBER

RESTORATION

TRANSFER

HONORARY MEMBERSHIP

HONORARY LIFE MEMBERSHIP

DATA CHANGE

SUSPENSION _____ reason _____

DEATH _____ mo day yr _____

Supreme Secretary Copy