

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

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