SECULAR ORDER DISCALCED CARMELITES
P.O. BOX 3079
SAN JOSE, CA 95156-3079

DATE _____

OFFICIATING PRIEST _____
NAME
_____
ADDRESS
_____ _____ ____

We hereby delegate faculties to the priest named above to admit into formation; to receive the temporary promise of; to receive the definitive promise of; and/or to receive the vows of the person or persons named alphabetically below and on the reverse of this form in the Secular Order of Discalced Carmelites at the ceremonies to be performed at _____ _____ _
(LOCATION WHERE CEREMONIES ARE TO BE HELD)
_____ _____.

NAME _____
* ADMISSION * TEMPORARY PROMISE * DEFINITIVE PROMISE * VOWS

STREET ADDRESS _____ _____

CITY_____***STATE***_____***ZIP***_____

Affiliation_____
(Please give the name of community or group)

Your assistance in this matter is very much appreciated.
With prayerful good wishes,

Fraternally in Christ,

Father Donald Kinney, O.C.D.
Provincial Delegate

(over)

NAME _____
* ADMISSION * TEMPORARY PROMISE * DEFINITIVE PROMISE * VOWS

STREET ADDRESS _____ _____

CITY_____***STATE***_____***ZIP***_____

NAME _____
* ADMISSION * TEMPORARY PROMISE * DEFINITIVE PROMISE * VOWS

STREET ADDRESS _____

CITY_____***STATE***_____***ZIP***_____

NAME _____ _____
* ADMISSION * TEMPORARY PROMISE * DEFINITIVE PROMISE * VOWS

STREET ADDRESS _____

CITY_____***STATE***_____ __***ZIP***_____

NAME _____
* ADMISSION * TEMPORARY PROMISE * DEFINITIVE PROMISE * VOWS

STREET ADDRESS _____ _____

CITY_____***STATE***_____***ZIP***_____

NAME _____
* ADMISSION * TEMPORARY PROMISE * DEFINITIVE PROMISE * VOWS

STREET ADDRESS _____

CITY_____***STATE***_____***ZIP***_____

Distribution Instructions for Completed Forms:

- ***Send to Central Office, P.O. Box 3079, San Jose, CA 95156-3079***
  For Provincial Delegate's signature.

- ***Copies will be returned for Community, Group or Secretary to Extended Members files.***
  One copy to be given to the priest to whom faculties are delegated.