SECULAR ORDER DISCALCED CARMELITES P.O. Box 8067 Redlands, CA 92375

DATE					
OFFICIATING PRIEST			-		
	NAME		_		
	ADDRESS		_		
We hereby delegate faculties to the priest named above to admit into formation; to receive the emporary promise of; to receive the definitive promise of; and/or to receive the vows of the person or ersons named alphabetically below and on the reverse of this form in the Secular Order of Discalced Carmelites at the ceremonies to be performed at					
NAME ADMISSIO	ON TEMPORARY PROMISE	□ DEFINITIVE PROMISE	□ VOWS		
STREET ADDR	ESS				
CITY		STATE	ZIP		
Affiliation(Please give the name of c	community or group)			
Your assistance i With prayerful go	n this matter is very muc ood wishes,	h appreciated.			
Fraternally in Ch	rist,				
Father Juan Elias Provincial Delegat	*				
(over)					

DELEGATION OF FACULTIES Revised 6/2018 PLEASE PRINT

NAME				
□ ADMISSION	☐ TEMPORARY PROMISE	□ DEFINITIVE PROMISE	□ VOWS	
STREET ADDRESS				
CITY	STATE		ZIP	
□ ADMISSION	□ TEMPORARY PROMISE	□ DEFINITIVE PROMISE		
CITY	ST.	STATE		
STREET ADDRESS	□ TEMPORARY PROMISE			
	□ TEMPORARY PROMISE			
CITY	STATE		ZIP	
	□ TEMPORARY PROMISE			
CITY	ST	ATE	ZIP	

Distribution Instructions for Completed Forms:

- Send to P.O. Box 8067, Redlands, CA 92375 For Provincial Delegate's signature
- The signed form will be returned to you where copies should be made for Community or Group Member files.

One copy to be given to the priest to whom faculties are delegated. One copy should be sent to the Central Office at 510 North El Molino Street, Alhambra, CA 91801