

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

Requesting to Profess Vows

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Telephone _____ Cell no. _____

Community of _____

In _____
City / Town and State

Directives listed in OCDS Statutes under Sec. XV: Vows (Const. #39, #47a, and #58f) have been followed by the member wishing to make vows, and the year of discernment fulfilled

If Council and Spiritual Assistant have approved this member for vows.

Signature of President of Council: _____
Date

Approval of Provincial Delegate: _____
Date

(A copy will be sent to Community / Group)