

**OCDS Central Office
Carmelite House of Prayer
P. O. Box 347
Oakville, CA 94562**

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,

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 _____
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STREET ADDRESS _____

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STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Distribution Instructions for Completed Forms:

***Send to: OCDS Central Office, Carmelite House of Prayer, P. O. Box 347, Oakville, CA 94562
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 OCDS Central Office, Carmelite House of Prayer, P. O. Box 347, Oakville, CA 94562