



**FOURTH DEGREE MEMBERSHIP DOCUMENT**  
**KNIGHTS OF COLUMBUS**  
 A SOCIETY OF CATHOLIC MEN

PRINTED  
IN  
U.S.A.

<b>1</b>	LAST NAME		FIRST NAME		MIDDLE INITIAL		TITLE																												
	STREET		CITY		ST / PROV		POSTAL CODE / COUNTRY																												
	HOME PHONE		DATE OF BIRTH		MARITAL STATUS	1st DEGREE DATE	COUNCIL NO.																												
<b>2</b>	CITIZEN OF WHAT COUNTRY?			BY BIRTH OR NATURALIZATION?		IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED?	YES	NO																											
	IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">INITIATION</td> <td colspan="2">TERMINATION</td> <td colspan="2">ASSEMBLY NUMBER</td> <td colspan="2">CITY</td> <td colspan="1">ST/PROV.</td> </tr> <tr> <td colspan="1">DATE OF</td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> <td colspan="1"></td> </tr> </table>									INITIATION		TERMINATION		ASSEMBLY NUMBER		CITY		ST/PROV.	DATE OF																
INITIATION		TERMINATION		ASSEMBLY NUMBER		CITY		ST/PROV.																											
DATE OF																																			
<b>3</b>	REASON FOR TERMINATION				ASSEMBLY	NUMBER	CITY		ST/PROV																										
	PARISH				NEW OR PRESENT																														
	FORMER																																		
<b>4</b>	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.																																		
	SIGNATURE OF APPLICANT				DATE																														
	SIGNATURE OF PROPOSER				ASSEMBLY																														
	PROPOSER MEMBER NUMBER (REQUIRED)																																		
I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING IN _____ COUNCIL NO. _____ LOCATION _____ _____ DATE _____ SIGNATURE OF FINANCIAL SECRETARY _____																																			
<b>5</b>	FAITHFUL NAVIGATOR _____				DATE _____																														
	FAITHFUL COMPTROLLER _____				DATE _____																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">RECEIVED FEES OF \$ _____</td> <td colspan="5">DATE _____</td> </tr> <tr> <td colspan="4">APPLICANT INITIATED AT _____</td> <td colspan="5">DATE _____</td> </tr> <tr> <td colspan="9" style="text-align: center;">                     _____  <small>(Signature of Master required for new members only)</small> </td> </tr> </table>									RECEIVED FEES OF \$ _____				DATE _____					APPLICANT INITIATED AT _____				DATE _____					_____ <small>(Signature of Master required for new members only)</small>								
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_____ <small>(Signature of Master required for new members only)</small>																																			

**MEMBERSHIP NUMBER**

NEW MEMBER

RESTORATION

TRANSFER

HONORARY MEMBERSHIP

HONORARY LIFE MEMBERSHIP

DATA CHANGE

SUSPENSION \_\_\_\_\_ reason \_\_\_\_\_

DEATH \_\_\_\_\_ mo day yr \_\_\_\_\_

Supreme Secretary Copy