

SECULAR ORDER OF DISCALCED CARMELITES
WESTERN PROVINCE, U.S.A.
P.O. BOX 3079, SAN JOSE, CA 95156-3079

APPLICATION FORM

Name _____ Address _____
(First) (Last) (Number & Street and/or P.O. Box)

City _____ State _____ Zip _____ Email _____

Home Phone _____ Bus Phone _____ Cell Phone _____

Date of Birth _____ Place _____
(City, State & Country)

If Baptized in the Catholic Church:

Date _____ Place _____
(Name of Church, City, State & Country)

If Baptized in another religion and received into the full membership of the Catholic Church:

Date _____ Place _____
(Name of Church, City, State & Country)

Were you confirmed in the Catholic Faith? _____

Marital Status: Married _____ Widowed _____ Single _____ Divorced _____ Marriage
Annulled by the Catholic Church _____

Is your marriage according to the laws of the Catholic Church? _____

What religion is your spouse? _____

Your occupation _____

Parish to which you belong to at present _____
(Name, City & State)

Give two personal references, preferably Priests, Religious or Secular Order members:

Name _____ Address _____

Name _____ Address _____

How did you learn of our Secular Order? _____

Have you ever been a Religious? _____

Have you ever made a vow in a religious order? _____

Have you ever been a member of any other Secular (Third) Order? _____

If so, what order? _____ Place _____

Reason for leaving? _____

Give names of any other Catholic Organizations of which you are a member _____

State briefly why you wish to join the Discalced Carmelite Secular Order _____

Would you be able to attend monthly Secular Order meetings? _____

If not, give reason _____

Would you be able to attend an annual retreat? _____

If not, give reason _____

Are you able to attend daily Mass? _____ Approximately how often? _____

(Signature of Applicant) Date: _____

(Name of Patron Saint or Paschal Mystery of Choice)

COUNCIL APPROVAL

(Signed) _____ (Signed) _____

Authorized Council Member of _____

Spiritual Assistant _____ Community _____

Priest to whom faculties have been delegated by authorized Superior of Order.

Authorized Superior of Order.

Central Office Secretary for the Extended Members.

Date _____

Date _____

PERMANENT RECORD FORM

Admission Date: _____

Place: _____

Priest Officiating: _____

Temporary Promise Date: _____

Place: _____

Priest Officiating: _____

Definitive Promise Date: _____

Place: _____

Priest Officiating: _____

Vows Date: _____

Place: _____

Priest Officiating: _____

NAME CHANGE

ADDRESS CHANGE

DATE _____

Name _____ Address _____
(First) (Last) (Number & Street and/or P.O. Box)

City _____ State _____ Zip _____

Home Phone (_____) _____ Bus. Phone (_____) _____

COMMENTS _____

**DISTRIBUTION INSTRUCTIONS: Original to CENTRAL OFFICE, P.O. BOX 3079, SAN JOSE, CA 95156-3079
One copy to be retained by the Community or Central Office Secretary for the Extended Members**