

O.C.D.S. WESTERN PROVINCE, U.S.A.
P.O. BOX 3079
SAN JOSE, CA 95156-3079

GROUP NAME: _____

COMMUNITY NAME: _____

EXTENDED MEMBERS DISTRICT: _____

ADDRESS _____
(City) (State)

DATE _____ **Where Performed** _____
(Ceremony Date) (Ceremony)

1. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

2. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

3. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

4. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

5. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

6. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

(Officiating Priest's Signature)

(Print in CAPS - Name of Priest)