

Send to:

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