

Patriotic Degree Exemplification

**Blessed
Father
Michael
McGivney**

**Complete Your
Journey**

Where

**St. Mary's
Our Lady of Perpetual Help
815 Broadalbin St SW
Albany, OR 97321**

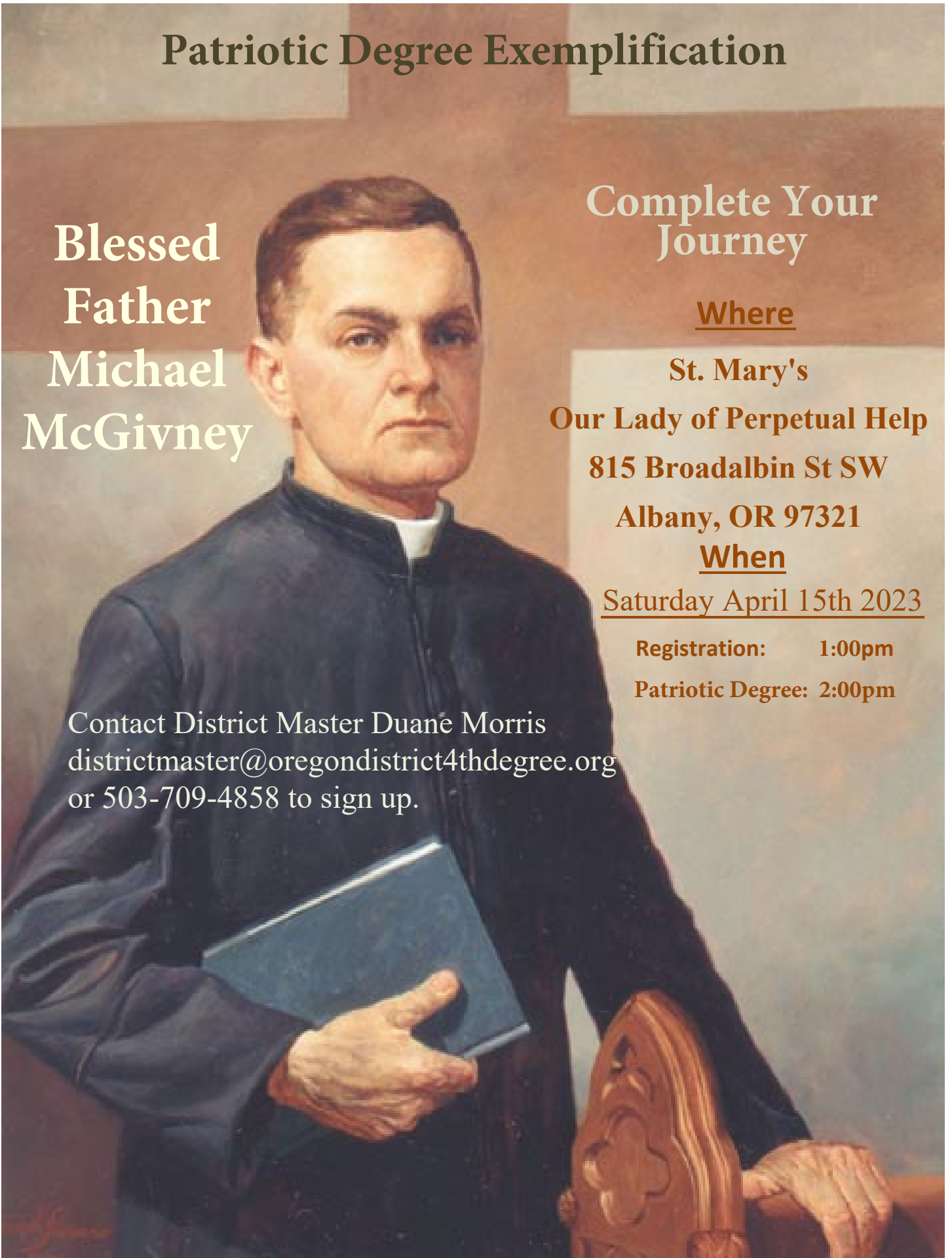
When

Saturday April 15th 2023

Registration: 1:00pm

Patriotic Degree: 2:00pm

Contact District Master Duane Morris
districtmaster@oregondistrict4thdegree.org
or 503-709-4858 to sign up.



REGISTRATION FORM

Knights of Columbus Patriotic Degree Exemplification

Saturday, April 15 2023 - 2pm

St Mary Albany Oregon

Please Note:

Registration form and payments must be received by **April 10th** in order to get all the information to the candidate. **Please allow adequate time for delivery!**

Candidate's Name: _____

Candidate's Home Council (Name and Number): _____

Candidate's New Assembly (Name & Assembly #): _____

Contact Phone Number: _____

Contact E-Mail Address: _____

Faithful Navigator Phone Number: _____

Faithful Navigator E-Mail Address: _____

Total Amount Due: \$__70.00__

Please send this form along with a **check made payable to "Duane Morris, District Master"** for the **Total Amount Due to:**

Duane Morris
Master of the Fourth Degree
148 SE 11th Pl
Hillsboro, OR 97123

or use the following link to make a payment Online
<https://buy.stripe.com/9AQdR17Td2p17yU4gi>

PLEASE NOTE: A candidate who did not already pay the \$70.00 Exemplification Fee at the time his Form #4 Membership Application was submitted may include **the check for that fee, made payable to "Duane Morris, District Master"** with this Registration Form. **Please remember** to make a copy of this completed form for your records!

PLEASE PRINT



FOURTH DEGREE MEMBERSHIP DOCUMENT KNIGHTS OF COLUMBUS

A SOCIETY OF CATHOLIC MEN

PRINTED
IN
U.S.A.

4 12/14

EMAIL ADDRESS

MEMBERSHIP
NUMBER

1	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.

- NEW MEMBER
- RESTORATION
- TRANSFER
- HONORARY MEMBERSHIP
- HONORARY LIFE MEMBERSHIP
- DATA CHANGE

2	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:		ASSEMBLY NUMBER	CITY	ST/PROV.

- SUSPENSION _____
reason
- DEATH _____
mo day yr

3	DATE OF INITIATION	TERMINATION	ASSEMBLY NUMBER	CITY	ST/PROV.
	REASON FOR TERMINATION		ASSEMBLY	NUMBER	CITY ST/PROV

4	PARISH	NEW OR PRESENT		
	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.	FORMER		

I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING

IN _____
COUNCIL NO. LOCATION

DATE SIGNATURE OF FINANCIAL SECRETARY

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF PROPOSER	ASSEMBLY
PROPOSER MEMBER NUMBER (REQUIRED)	

5	FAITHFUL NAVIGATOR _____ DATE
	FAITHFUL COMPTROLLER _____ DATE

RECEIVED FEES OF \$ _____ DATE _____

APPLICANT INITIATED AT _____ DATE _____

Signature of Master (required for new members only)

SUPREME SECRETARY COPY