

# Form 4 Instructions for Fourth Degree Applicants

**Fourth Degree Membership Document**  
KNIGHTS OF COLUMBUS – A SOCIETY OF CATHOLIC MEN

4 10/20

**1** MEMBERSHIP NUMBER \_\_\_\_\_  
 NEW MEMBER  
 RESTORATION  
 TRANSFER  
 HONORARY MEMBERSHIP  
 HONORARY LIFE MEMBERSHIP  
 DATA CHANGE  
 SUSPENSION \_\_\_\_\_ reason \_\_\_\_\_  
 DEATH \_\_\_\_\_ mo day yr

**2** 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. \_\_\_\_\_

**3** CITIZEN OF WHAT COUNTRY? \_\_\_\_\_ BY BIRTH OR NATURALIZATION? \_\_\_\_\_ IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED? YES \_\_\_\_\_ NO \_\_\_\_\_

**4** IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE:  
 INITIATION \_\_\_\_\_ TERMINATION \_\_\_\_\_ ASSEMBLY NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ ST/PROV. \_\_\_\_\_  
 DATE OF \_\_\_\_\_  
 REASON FOR TERMINATION \_\_\_\_\_

**5** PARISH \_\_\_\_\_  
 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 \_\_\_\_\_

**6** SIGNATURE OF PROPOSER \_\_\_\_\_ ASSEMBLY \_\_\_\_\_  
 PROPOSER MEMBER NUMBER (REQUIRED) \_\_\_\_\_

**7** ASSEMBLY NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ ST/PROV \_\_\_\_\_  
 NEW OR PRESENT \_\_\_\_\_  
 FORMER \_\_\_\_\_  
 I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING IN  
 COUNCIL NO. \_\_\_\_\_ LOCATION \_\_\_\_\_  
 DATE \_\_\_\_\_ SIGNATURE OF FINANCIAL SECRETARY \_\_\_\_\_

**8** FAITHFUL NAVIGATOR \_\_\_\_\_ DATE \_\_\_\_\_  
 FAITHFUL COMPTROLLER \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED FEES OF \$ \_\_\_\_\_ DATE \_\_\_\_\_  
 APPLICANT INITIATED AT \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF MASTER (REQUIRED FOR NEW MEMBERS ONLY) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Veteran:   
 Active Service:   
 First Responder:

**SUPREME SECRETARY COPY**

PLEASE PRINT ALL FIELDS EXCEPT WHERE SIGNATURES ARE REQUIRED!

The Applicant should:

- Complete section 1 with Membership Number and the New Member box checked.
- Complete section 2 with Last Name, First Name, Middle Initial (optional) and Title (optional), Street, City, State, Postal (Zip) Code, Home (or Cell) Phone, Date of Birth, Marital Status, 1<sup>st</sup> Degree Date (if known), Council Number, Citizenship, Birth or Naturalization and Final Papers.
- Complete section 3 with Email Address and Cell Phone. Please check appropriate boxes for veteran, active service and/or first responder.
- Complete section 4 with Parish Name. Print, then sign and date.

The Council Financial Secretary should:

- Complete section 5 with the Council Number, Location (city and state), Date and signature attesting that the applicant is a Third Degree Member in Good Standing.

The Proposer (the Fourth Degree member sponsoring this applicant should:

- Complete section 6 with their signature, Assembly Number and Member Number.

After acceptance of the applicant by the assembly, the Faithful Navigator and Comptroller should:

- Complete section 7 with the Assembly Number and Location (City and State)
- Complete section 8 with their signatures and Date.