

Example of properly filled out Form 4

All Form 4's must be filled out properly and signed. Be sure the form has the candidate's membership number (top right hand corner) and personal information. Insure all blocks requiring signature (Applicant, Sponsor, Council Financial Secretary, Faithful Navigator, and Faithful Comptroller) are completed. Rank or Title is for Priests or Military only. Please print legibly in UPPERCASE letters.


All required blocks must be completed before sending the Form 4's to the District Master.

**Send the completed form with payment**

District Master V.J. Simonelli  
 4152 Red Orchard Way  
 West Jordan, UT 84084.

Note: Incomplete forms will need to be corrected ASAP. You and your Council and/or Assembly will be notified.

**PLEASE PRINT**



**FOURTH DEGREE MEMBERSHIP DOCUMENT**  
**KNIGHTS OF COLUMBUS**  
 A SOCIETY OF CATHOLIC MEN

PRINTED IN U.S.A. 4 12/14

<b>1</b>	LAST NAME <b>Smith</b>	FIRST NAME <b>John</b>	MIDDLE INITIAL <b>E</b>	TITLE
	STREET <b>4501 W 5215</b>	CITY <b>Kearns</b>	ST / PROV <b>UT</b>	POSTAL CODE / COUNTRY <b>84015</b>
	HOME PHONE <b>801-999-9999</b>	DATE OF BIRTH <b>6/30/80</b>	MARITAL STATUS <b>M</b>	1st DEGREE DATE <b>1/15/200</b>
	COUNCIL NO. <b>5714</b>		CITY <b>UT</b>	
<b>2</b>	CITIZEN OF WHAT COUNTRY?		BY BIRTH OR NATURALIZATION?	IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED?
			YES	NO
<b>3</b>	IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE:			
	INITIATION DATE OF	TERMINATION DATE	ASSEMBLY NUMBER	CITY ST/PROV.
	REASON FOR TERMININATION			
<b>4</b>	PARISH <b>St. Francis Xavier</b>		ASSEMBLY NUMBER	CITY ST/PROV.
	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.		NEW OR PRESENT	
	SIGNATURE OF APPLICANT <i>John E. Smith</i> <b>3/1/17</b>		FORMER	
	SIGNATURE OF PROPOSER <i>[Signature]</i> <b>3/1/17</b>		I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING	
	PROPOSER'S MEMBERSHIP NUMBER (IF LISTED) <b>4323578</b>		IN	COUNCIL NO. LOCATION
<b>5</b>	FAITHFUL NAVIGATOR		DATE	SIGNATURE OF FINANCIAL SECRETARY
	FAITHFUL COMPTROLLER		DATE	

MEMBERSHIP NUMBER **123456**

NEW MEMBER

RESTORATION

TRANSFER

HONORARY MEMBERSHIP

HONORARY LIFE MEMBERSHIP

DATA CHANGE

SUSPENSION reason

DEATH mo day yr

RECEIVED FEES OF \$ \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT INITIATED AT \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Master (required for new members only)

Supreme Secretary Copy