

# Fourth Degree Membership Document - Form 4

The required areas for an Applicant for the Fourth Degree are shown below. Please note that the form has been changed by Supreme - they are purple and fields have changed. OLD FORMS WILL NOT BE ACCEPTED.

Section 1 & 2 - Completed by the New Member Applicant for the Fourth Degree. Council number & 1<sup>st</sup> degree date are required. Council Financial Secretary can advise of 1<sup>st</sup> degree date if not known.

Section 3 - Completed by the Applicant, if applicable.

Section 4 - Signature of Applicant and Date; Signature of Proposer and his Assembly Number; Proposer Membership number.

Section 5 - Signature of Faithful Navigator and Faithful Comptroller of the Assembly that the candidate will be joining.

Section 6 - Enter the Applicant's Membership Number and check New Member box; Enter Assembly Number and City & State of the Assembly being joined.

Section 7 - Financial Secretary enters Council Number and location. Financial Secretary signs, certifying that the Applicant is a 3<sup>rd</sup> Degree member in good standing.

Section 8 - Completed by District Master after the Exemplification.

Bill Schmidt  
Master, Kentucky District

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

MEMBERSHIP NUMBER: 12345678

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**1** LAST NAME FIRST NAME MIDDLE INITIAL TITLE  
STREET CITY ST / PROV. POSTAL CODE / COUNTRY  
HOME PHONE DATE OF BIRTH MARITAL STATUS 1<sup>st</sup> DEGREE DATE COUNCIL NO.

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

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

**4** PARISH  
I 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  
SIGNATURE OF PROPOSER ASSEMBLY  
PROPOSER MEMBERSHIP NUMBER (REQUIRED)

ASSEMBLY NUMBER CITY ST/PROV.  
NEW OR PRESENT  
FORMER

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

**7** I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING  
IN \_\_\_\_\_ COUNCIL NO. LOCATION  
DATE SIGNATURE OF FINANCIAL SECRETARY

**5** FAITHFUL NAVIGATOR \_\_\_\_\_ DATE  
FAITHFUL COMPTROLLER \_\_\_\_\_ DATE

**8** RECEIVED FEES OF \$ \_\_\_\_\_ DATE  
APPLICANT INITIATED AT \_\_\_\_\_ DATE  
\_\_\_\_\_  
(Signature of Master (required for new members only))