



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

PRINTED  
IN  
U.S.A.

4 12/14

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.		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:		INITIATION		TERMINATION		ASSEMBLY NUMBER	
DATE OF				CITY		ST/PROV.	
REASON FOR TERMINATION						reason	
						mo day yr	
PARISH		NEW OR PRESENT		ASSEMBLY NUMBER		CITY	
I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.		FORMER				ST/PROV	
SIGNATURE OF APPLICANT		DATE		I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING			
SIGNATURE OF PROPOSER		ASSEMBLY		IN		COUNCIL NO.	
PROPOSER MEMBER NUMBER (REQUIRED)				DATE		LOCATION	
				SIGNATURE OF FINANCIAL SECRETARY			
FAITHFUL NAVIGATOR		DATE		RECEIVED FEES OF \$		DATE	
FAITHFUL COMPTROLLER		DATE		APPLICANT INITIATED AT		DATE	
				Signature of Master (required for new members only)			

Supreme Secretary Copy

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**Instructions for use of electronic Form 4 Fill required data in sections:**

**Section 1:** Last Name, First Name, Middle Initial, Title (only for religious and military), Address, Phone, Date of birth, and Marital Status.

**Section 2:** Citizenship, Birth or Naturalized, Status of Naturalization Papers

**Section 4:** Candidate's parish, Proposer Assembly and Proposer Membership #

**Section 6:** Membership Number, Assembly information for new assembly,

**Section 7:** Current council number and location

**Obtain Signatures:**

Print out and obtain required signatures, then scan and send to the registrar:

Candidate (Section 4) Proposer (Section 4)

Faithful Navigator (Section 5) Faithful Comptroller (Section 5)

Financial Secretary (Section 7)

Financial Secretary (Section 7)

**Each form must be scanned 4 times and sent to registrar.**

**or if you prefer there is the possibility of using electronic signatures. This requires the Faithful Navigator to sign off.**

**If you want to use electronic signatures the Faithful Navigator must sign off below.**

You as Faithful Navigator (name) \_\_\_\_\_ Membership no. \_\_\_\_\_ of Assembly \_\_\_\_\_ agree this is the legal equivalent of your manual/handwritten signature on this Form 4 Agreement. You are also agreeing that you reviewed this form and corrected any errors that were present. By agreeing to "Electronic Signature" using any device, means or action, you consent to the legally binding terms and conditions of this Form 4.

**Please check if you agree.  
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1	LAST NAME	FIRST NAME	MIDDLE INITIAL	TITLE	MEMBERSHIP NUMBER <input checked="" type="checkbox"/> NEW MEMBER <input type="checkbox"/> RESTORATION <input type="checkbox"/> TRANSFER <input type="checkbox"/> HONORARY MEMBERSHIP <input type="checkbox"/> HONORARY LIFE MEMBERSHIP <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> SUSPENSION _____ reason <input type="checkbox"/> DEATH _____ mo day yr	
1	STREET	CITY	ST / PROV	POSTAL CODE / COUNTRY		
1	HOME PHONE	DATE OF BIRTH	MARITAL STATUS	1st 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: INITIATION	TERMINATION	ASSEMBLY NUMBER	CITY		ST/PROV.
3	DATE OF					
4	REASON FOR TERMINATION	NEW OR PRESENT	ASSEMBLY	NUMBER	CITY	
4	PARISH	FORMER			ST/PROV	
4	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.					
4	SIGNATURE OF APPLICANT	DATE				
4	SIGNATURE OF PROPOSER	ASSEMBLY				
4	PROPOSER MEMBER NUMBER (REQUIRED)					
5	FAITHFUL NAVIGATOR	DATE				
5	FAITHFUL COMPTROLLER	DATE				
7	I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING					
7	IN	COUNCIL NO.		LOCATION		
7	SIGNATURE OF FINANCIAL SECRETARY	DATE				
8	RECEIVED FEES OF \$	DATE				
8	APPLICANT INITIATED AT	DATE				
8	Signature of Master (required for new members only)					

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You as Faithful Navigator (name) \_\_\_\_\_ Membership no. \_\_\_\_\_ of Assembly \_\_\_\_\_ agree this is the legal equivalent of your manual/handwritten signature on this Form 4 Agreement. You are also agreeing that you reviewed this form and corrected any errors that were present. By agreeing to "Electronic Signature" using any device, means or action, you consent to the legally binding terms and conditions of this Form 4.

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HOME PHONE		DATE OF BIRTH		MARITAL STATUS		1st DEGREE DATE	
COUNCIL NO.		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:		INITIATION		TERMINATION		ASSEMBLY NUMBER	
DATE OF				CITY		ST/PROV.	
REASON FOR TERMINATION							
PARISH		NEW OR PRESENT		ASSEMBLY		NUMBER	
I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.		FORMER		CITY		ST/PROV	
SIGNATURE OF APPLICANT		DATE		I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING			
SIGNATURE OF PROPOSER		ASSEMBLY		IN		COUNCIL NO.	
PROPOSER MEMBER NUMBER (REQUIRED)				DATE		LOCATION	
FAITHFUL NAVIGATOR		DATE		SIGNATURE OF FINANCIAL SECRETARY			
FAITHFUL COMPTROLLER		DATE		RECEIVED FEES OF \$		DATE	
				APPLICANT INITIATED AT		DATE	
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HOME PHONE		DATE OF BIRTH		MARITAL STATUS		1st DEGREE DATE	
COUNCIL NO.		MEMBERSHIP NUMBER		<input checked="" type="checkbox"/> NEW MEMBER <input type="checkbox"/> RESTORATION <input type="checkbox"/> TRANSFER <input type="checkbox"/> HONORARY MEMBERSHIP <input type="checkbox"/> HONORARY LIFE MEMBERSHIP <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> SUSPENSION _____ reason _____ <input type="checkbox"/> DEATH _____ mo day yr _____		6	
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:		INITIATION		TERMINATION		ASSEMBLY NUMBER CITY ST/PROV.	
DATE OF		REASON FOR TERMINATION		ASSEMBLY NUMBER		CITY ST/PROV	
PARISH		NEW OR PRESENT		FORMER		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.		I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING		IN _____ COUNCIL NO. _____ LOCATION _____		7	
SIGNATURE OF APPLICANT		DATE		DATE		SIGNATURE OF FINANCIAL SECRETARY	
SIGNATURE OF PROPOSER		ASSEMBLY		PROPOSER MEMBER NUMBER (REQUIRED)		RECEIVED FEES OF \$ _____ DATE _____	
FAITHFUL NAVIGATOR _____ DATE _____		FAITHFUL COMPTROLLER _____ DATE _____		APPLICANT INITIATED AT _____ DATE _____		Signature of Master (required for new members only)	
8		8		8		8	

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