

	<p style="text-align: center;"><i>Knights of Columbus</i> <i>Fourth Degree</i> <i>Saint Junipero Serra Province</i> <i>Southern California District</i></p> <p style="text-align: center;"><i>Exemplification Class: St. Matthew</i> <i>(September 21 Feast Day / Anniversary of the Appointment to</i> <i>Bishop of Orange by Pope Benedict XVI)</i></p> <p style="text-align: center;">Honoring: His Excellency Bishop Kevin Vann Diocese of Orange, California</p>	<p style="text-align: center;">Exemplification Fee: \$70</p> <p style="text-align: center;">Sideliners and Spouse Fee: \$35</p> <p style="text-align: center;">Pay Your Assembly</p>
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Saturday September 30, 2023

at

CHRIST CATHEDRAL

Orange, CA

9:30 AM	Comptrollers report to registration area	(Arboretum Lobby)
10:00 AM	Candidate Registration Candidates report to Comptroller of their Assembly for registration and instructions.	(Arboretum Lobby)
11:00 PM	CANDIDATES Gather in Ante Chamber Report to ANTE CHAMBER for Exemplification of the Patriotic Degree.	(Large Gallery - C)
11:00 PM	LADIES Christ Cathedral Tour A Docent led tour of the Christ Cathedral Campus.	(Arboretum Courtyard)
11:30 PM	<u>PATRIOTIC DEGREE EXEMPLIFICATION</u>	(Arboretum)
1:45 PM	Late-lunch / Honors Presentations	(Arboretum back half)
4:00 PM	Gather for Procession to Cathedral	(Arboretum Courtyard)
4:30 PM	Holy Mass: Christ Cathedral Vigil	(Cathedral)

EVENT DRESS CODE TO BE ENFORCED:

CANDIDATES – Please wear appropriate suit with dark “business” tie, plain white collared shirt (no button-down collar), dark dress shoes.

LADIES – wear appropriate summer day formal lunch outfit / outfit

MEMBER GUESTS – Wear Fourth Degree Uniform (no baldric), or black tuxedo with social baldric, or dark suit with social baldric.



FORM 4 Fourth Degree Membership Document

Instructions for COMPLETING FORM 4

VERSION:		Manual	Fillable PDF
ENGLISH:	10/20	X	X
ESPAÑOL:	S-10/19	X	X

Manual filled form:

All appropriate fields are filled out LEGIBLY in black or blue pen.

Completed form with all signatures may then be SCANNED and emailed as PDF (no phone picture).

Fillable PDF form:

Open supplied fillable PDF file.

Click on all appropriate fields and complete the information.

DATE fields use drop-down calendar to select date format

SIGNATURE fields use scripted font to document signature

Note: if preferred you may complete form without entering script font, print, manually sign

REQUIRED FORM 4 COMPLETION FOR NEW MEMBER REGISTRATION:

SECTION 1: Membership Information

Last Name / First Name / Middle Initial Title = NA (used for change with current member)

Street (address) / City / State / Zip Code / Country

Home Phone (Cell) / DOB / Marital Status / 1st (or CUF) Date / Council Number (current)

SECTION 2: Citizenship

Country (current) / by Birth or Natuarlization / IF Naturalized, select EITHER "Yes" or "No" for final paper status

SECTION 3: NOT APPLICABLE FOR NEW MEMBER

do not enter anything in this section

SECTION 4: Attest Signatures

Applicant Signature / Date

Proposer Signature

Proposer Member # (English FORM 10/20 only*)

Note: * on Form S-10/19 this can be manually entered in space to the right of proposer signature / date

SECTION 5: FN / FC Signatures

Faithful Navigator Signature / Date

Faithful Comptroller Signature / Date

SECTION 6: Member Status / Change

(Candidate) Membership Number

CHECK: "NEW MEMBER" box (other boxes are only used for status update / change with Supreme)

CIRCLE: "NEW" under Assembly Number ENTER: Number / City / State (of joining Assembly)

("FORMER" data line = NA for new candidates)

SECTION 7: Council Member Certification (must be in "Good Standing")

Council No. (of current membership affiliation) / Location (City / State)

Date (of FS signature) / Signature of Financial Secretary

SECTION 8: DISTRICT MASTER SECTION

do not enter anything in this section

SEND NEW MEMBER FORM 4 APPLICATION TO DISTRICT MASTER

With other completed registration formas and Assembly Check for calculated fees.



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

MEMBERSHIP NUMBER

- NEW MEMBER
- RESTORATION
- TRANSFER
- HONORARY MEMBERSHIP
- HONORARY LIFE MEMBERSHIP
- DATA CHANGE
- SUSPENSION _____ reason _____
- DEATH _____

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.

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.

3	DATE OF INITIATION	TERMINATION			
	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		

4	SIGNATURE OF APPLICANT		DATE	I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING	
	SIGNATURE OF PROPOSER		ASSEMBLY	IN _____	LOCATION _____
	PROPOSER MEMBER NUMBER (REQUIRED)			DATE _____	SIGNATURE OF FINANCIAL SECRETARY _____

5	FAITHFUL NAVIGATOR _____	DATE _____
	FAITHFUL COMPTROLLER _____	

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

Supreme Secretary Copy

PLEASE PRINT ALL INFORMATION

YOUR CELL PHONE NUMBER: _____

MEMBERS NAME FOR BADGE: _____

EMAIL ADDRESS: _____

WIFE'S NAME FOR BADGE: _____

WIFE'S BIRTHDAY MONTH: _____ **DAY:** _____

MEMBERSHIP NUMBER: _____

DATE OF FIRST DEGREE: _____

FOR TRANSFER MEMBERS, DATE OF FOURTH DEGREE: _____

CURRENT ASSEMBLY NUMBER: _____ **THERE IS A \$15 TRANSFER FEE TO PAY FOR YOUR NAME BADGES AND CHALICE FUND DONATION.**