



# FORM 4 SAMPLE



13,076

PLEASE PRINT IN CAPITAL LETTERS



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

ALL SIGNATURE BLOCKS MUST BE SIGNED

4 10-99

MEMBERSHIP NUMBER <b>096675</b>		<input checked="" type="checkbox"/> NEW MEMBER	
		<input type="checkbox"/> TRANSFER	
		<input type="checkbox"/> HONORARY LIFE MEMBERSHIP	
		<input type="checkbox"/> RESTORATION OF MEMBERSHIP	
		<input type="checkbox"/> WITHDRAWAL CARD ATTACHED	
		<input type="checkbox"/> FEE PAID (\$5.00)	
		<input type="checkbox"/> WITHDRAWAL CARD (In Good Standing)	
		<input type="checkbox"/> DEATH _____ DATE _____	
		<input type="checkbox"/> SUSPENSION REASON _____	
		<input type="checkbox"/> DATA CHANGE	

LAST NAME <b>SMITH,</b>	FIRST NAME <b>ROBERT</b>	INITIAL <b>V.</b>	RANK OR TITLE
STREET <b>1122 SOUTH AVE. APT #202 ORLANDO, FL 34555</b>		CITY <b>ORLANDO, FL</b>	STATE / PROVINCE <b>FL</b>
COUNTRY / POSTAL CODE <b>34555</b>	AREA CODE - TELEPHONE NUMBER <b>407 243-3355</b>	DATE OF BIRTH <b>12/5/60</b>	MARTIAL STATUS
1st DEGREE DATE <b>7/4/02</b>	COUNCIL NO. <b>1313</b>	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 STATE/PROV.			
DATE OF	REASON FOR TERMINATION	ASSEMBLY	NUMBER
		CITY	STATE/PROV.
PARISH <b>St. Pauls</b>	NEW OR PRESENT <b>2279</b>	<b>ORLANDO, FLORIDA</b>	
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 <b>6075 ORLANDO, FLORIDA</b>			
MUST BE SIGNED <b>9/3/03</b> <small>SIGNATURE OF APPLICANT DATE</small>		COUNCIL NO. LOCATION	
MUST BE SIGNED <b>9/3/03</b> <small>SIGNATURE OF PROPOSER ASSEMBLY</small>		<b>9/15/03</b> MUST BE SIGNED <small>DATE SIGNATURE OF FINANCIAL SECRETARY</small>	
FAITHFUL NAVIGATOR MUST BE SIGNED	RECEIVED FEES OF \$ _____ DATE _____	APPLICANT INITIATED AT _____ DATE _____	
FAITHFUL COMPTROLLER MUST BE SIGNED	<b>Do Not Write in Section 8. This is for the Master To Fill Out</b> <small>Signature of Master (required for new members only)</small>		

SUPREME SECRETARY COPY

**IF FILLING BY HAND, PRINT IN ALL CAPITAL LETTERS. DO NOT WRITE IN LONG HAND OR USE SMALL LETTERS**

**Do Not Write in Section 8. This is for the Master To Fill Out**

**ALL SIGNATURE BLOCKS MUST BE SIGNED  
THE FIRST DEGREE DATE MUST BE COMPLETED  
THE CANDIDATE'S MEMBERSHIP NUMBER MUST BE FILLED IN**

**DO NOT SEND ANY FORM FOURS ON CANDIDATES THAT THE FIRST DEGREE DATE AND MEMBERSHIP NUMBER BLOCKS ARE BLANK AND ALL SIGNATURE BLOCKS NOT SIGNED OR IT WILL BE RETURNED TO THE FAITHFUL NAVIGATOR FOR CORRECTION.**