

## Example of properly filled out Fourth Degree Application (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 (the **blue** text in the sample below).
- **All five (5) signatures must be present on the form *before it is submitted to the host assembly.***
  - Applicant
  - Proposer (with Assembly # and membership number)
  - Council Financial Secretary
  - Assembly Faithful Navigator
  - Assembly Faithful Comptroller
- Rank or Title is for Priests and/or Military only.
- Please **print legibly** in UPPERCASE letters.
- Available online (as a fillable document) at [https://uknight.org/2020/P4DPortal/Materials/pd13\\_DHA\\_Exemplification%20Packet%20-%20March%201,%202025.pdf](https://uknight.org/2020/P4DPortal/Materials/pd13_DHA_Exemplification%20Packet%20-%20March%201,%202025.pdf)
- All required blocks must be completed before sending the Form 4's to the HOST ASSEMBLY.

**Note:** The **RESERVATION FORM** can be found with the Exemplification Packet. The reservation form, a copy of the members traveling card, and the form 4 with payment need to be sent to the current District Master.

Note: Incomplete forms will need to be corrected ASAP. You and your Council and/or Assembly will be notified (depending on what's legible and available on the form).

| PLEASE PRINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |
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|  <b>FOURTH DEGREE MEMBERSHIP DOCUMENT</b><br><b>KNIGHTS OF COLUMBUS</b><br>A SOCIETY OF CATHOLIC MEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |
| PRINTED IN U.S.A. 4 12/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |
| MEMBERSHIP NUMBER <b>3018505</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> NEW MEMBER<br><input type="checkbox"/> RESTORATION<br><input type="checkbox"/> TRANSFER<br><input type="checkbox"/> HONORARY MEMBERSHIP<br><input type="checkbox"/> HONORARY LIFE MEMBERSHIP<br><input type="checkbox"/> DATA CHANGE<br><input type="checkbox"/> SUSPENSION _____ reason _____<br><input type="checkbox"/> DEATH _____ mo day yr _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |
| 1 LAST NAME <b>SMITH</b> FIRST NAME <b>JOHN</b> MIDDLE INITIAL <b>Q</b> TITLE _____<br>STREET <b>123 Main Street</b> CITY <b>Batavia</b> ST / PROV <b>IL</b> POSTAL CODE / COUNTRY <b>60510</b><br>HOME PHONE <b>800-555-1212</b> DATE OF BIRTH <b>6-30-1970</b> MARITAL STATUS <b>Married</b> 1st DEGREE DATE <b>9-15-1990</b> COUNCIL NO. <b>2191</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |
| 2 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> BY BIRTH OR NATURALIZATION? <b>BIRTH</b> IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED? YES NO<br>3 IF YOU WERE PREVIOUSLY INITIATED IN THE FOURTH DEGREE, GIVE: INITIATION TERMINATION ASSEMBLY NUMBER CITY ST/PROV.<br>DATE OF REASON FOR TERMINATION<br>4 PARISH <b>Holy Cross</b> ASSEMBLY NUMBER <b>188</b> CITY <b>Batavia</b> ST/PROV. <b>IL</b><br>I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.<br>Applicant's Signature _____ date _____<br>Proposer's Signature _____ date <b>188</b><br>Signature of Proposer _____ ASSEMBLY <b>21577502</b><br>PROPOSER MEMBER NUMBER (REQUIRED)<br>I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING IN _____ COUNCIL NO. _____ LOCATION <b>Batavia, IL</b><br>date _____ Council FS Signature _____<br>DATE _____ SIGNATURE OF FINANCIAL SECRETARY _____<br>7<br>5 FAITHFUL NAVIGATOR _____ Assembly Faithful Navigator Signature _____ date _____<br>FAITHFUL COMPTROLLER _____ Assembly Faithful Comptroller Signature _____ date _____<br>8<br>RECEIVED FEES OF \$ _____ DATE _____<br>APPLICANT INITIATED AT _____ DATE _____<br>Signature of Master (required for new members only) |  |  |  |  |  |  |  |  |  |