

C.

Reception of the Scapular

(Entrance into Formation)

LOCATION of OCDS Community: _____
City/Town and State where OCDS meeting is held

Religious Title of Community: _____
(Optional)

Candidate Name: _____

Address: _____

City, State, 9 Digit Zip: _____

Tel/ E-mail (Home/ Cell): _____ (Work): _____ (E-mail) _____

I entered the Aspirancy on _____ and have completed _____ sessions preparing to receive the Scapular.

Candidate Signature: _____

I certify that I have received the above-mentioned aspirant into Formation by giving him/her the Scapular of the Discalced Carmelite Secular Order.

Name: _____ Date: _____
Signature of Priest/Deacon

_____ I have received faculties from the authorized Superior of the Discalced Carmelite Order to receive into Formation the above-mentioned member.

_____ I am an authorized superior of the Discalced Carmelite Order.

NOTE: Failure to provide money/information regarding the *Clarion* in a timely fashion may result in candidate missing issues. We do not stock extra copies and only print the number on our mailing list.

_____ Enclosed please find Provincial Dues of \$40.00. OCDS members are required to submit these monies **annually** as prescribed by the Order according to the STATUTES of the Washington Province.

_____ Enclosed please find \$10.00 for *Clarion*.

PLEASE SEND A COPY TO:

Discalced Carmelite Secular Order
2131 Lincoln Road NE
Washington DC 20002-1101
(202) 269-3792