

A.

**Application for Entrance into the Aspirancy
RETAIN IN COMMUNITY FILES**

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) _____

Date of birth: _____ City: _____

Baptism in Catholic Church: (Parish/City) _____ (date) _____

Marital Status: single _____ married _____ widowed _____ divorced _____

Are you in good standing with the Catholic Church? _____

If married, have you consulted your spouse and reached an agreement? _____

Present Parish, address, phone number _____

Any Catholic organizations of which you are a member: _____

Give two personal references, preferably your Pastor and a Secular Order member:

Name: _____ Addr: _____ Ph: _____

Name: _____ Addr: _____ Ph: _____

Are you now, or have you ever been, a member of any other Secular Order? _____

Have you ever belonged to a Religious Order or Community? _____

State briefly why you wish to join the Discalced Carmelite Secular Order: _____

_____ Date

_____ Signature of the Aspirant