

Da.

Temporary Promise

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) _____

Devotional Name (optional) _____

I received the Scapular on _____ and have completed _____ sessions preparing to make Temporary Promise.

Candidate Signature: _____
(Date)

I certify that I have received the Temporary Promise in the Discalced Carmelite Secular Order of the above-mentioned member:

Signature of Priest/Deacon Date

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

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

PLEASE SEND A COPY TO:

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

10/10/010