

Db.

Extending Preparation for 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 have been given _____ months "to complete the course of study" to make Temporary
Promise. At that time I understand I will be invited to go forward in formation or asked to leave
the community.

Candidate Signature: _____
(Date)

PLEASE SEND A COPY TO:

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

10/10/010