

F.

Vows

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

Religious Title of Community: _____
(Optional)

Member Name: _____

Address _____

City, State, 9 Digit Zip: _____

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

**This is to certify that I received my Scapular on _____, made my Temporary Promise on _____,
and made my Definitive Promise in the Discalced Carmelite Secular Order**

on _____ in _____
Date City/Town and State where OCDS meeting is held

**According to the STATUES of the Washington Province: IV. ORGANIZATION AND
GOVERNMENT [cf. Const., Section VII] Vows [cf. Const. #39]:**

- 1. I petitioned the Council to begin the yearlong discernment process on _____.**
- 2. After receiving the consent of the local council and in consultation with the
Provincial Delegate, I began a year of prayerful discernment under the supervision
of the Director of Formation _____ (name)
and _____ (date).**
- 3. After the year of discernment, I submitted my formal letter to the local council and our
Provincial Delegate requesting consent to make vows on _____ (date).**

Approved for Vows _____
Signature of President for the Council Date

I certify that I received the Vows in the Discalced Carmelite Secular Order of the above-

mentioned member on _____
Signature of Priest/Deacon Date

_____ I have received faculties from the authorized Superior of the Discalced Carmelite Order
to receive the Vows 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

10/10/10