

WASHINGTON PROVINCE Secular Order of Discalced Carmelites



REQUEST TO START A GROUP IN DISCERNMENT (GID) (Statute 57)

To be filled out and submitted to the Provincial Delegate after obtaining permission from the Regional Assistant.

Approval is not granted unless, and until, this document is signed by the Provincial Delegate.

We three Fully Professed members of the OCDS willing to serve as the Leadership Team for the We acknowledge that spouses, children, and sib	new GID and commit ourselves to s	serve for at least the next 3 years.
☐ Each of us has read, and agree to comply w	ith, the document entitled, "Policy o	on Forming a GID."
Proposed GID Meeting Location:		
	City/State	
************		***********
<u>PROPOS</u>	SED LEADERSHIP TEAM	
FOR POSITION OF MODERATOR:		
TONT OBTITOR OF MODERATION.	Einal Duami	
Name	Filiai Piolili	se Date
Street address/City/State		Phone
Current Community: City/State	Community ID Code	Email
Name of Member's Current Community President ************************************	*************************************	of Community President/Moderator ************************************
Name		Date
Street address/City/State		Phone
Current Community: City/State	Community ID Code	Email
Name of Member's Current Community President		of Community President/Moderator
FOR POSITION OF ADVISOR:		
	Final Promis	e
Name	I mai I forms	Date
Street address/C	City/State	Phone
Current Community: City/State	Community ID Code	Email

Phone number of Community President/Moderator

Name of Member's Current Community President/Moderator

Reasons why we feel called to start this Group in Discer necessary.)		-
Names of individuals, to date, who have expressed <u>a ser</u> commit to applying for Aspirancy. Please list. (Note: Th		•
1	5	
2		
3		
4	8	
How were these individuals identified? Be specific. (e.g	. Introductory	meeting at a parish, personal invitation, other?)
Name of proposed Treasurer (cannot be the Formation I	Director)	
Name of proposed Spiritual Assistant (if applicable)		
Proposed amount of monthly Community Dues		_
☐ Attached is the monthly meeting schedule we propo	se to use.	
We promise to follow the OCDS National Formation Prower understand that GID's do not have appointed or electric Fully Professed individuals.	_	1 •
Signature of Proposed Moderator		Date
Signature of Proposed Formation Director		Date
Signature of Proposed Advisor		Date
**************	******	************
I hereby give my provisional approval for the proposed by the Provincial Delegate.	Group in Disce	ernment to be formed, subject to final approval
Signature of Regional Assistant		Date
***************	******	************
I hereby give my approval for the above mentioned indi-	viduals to begi	n organizing a Group in Discernment under the
direction of the Regional Assistant,Name		, who will make
periodic assessments of the Group's functioning and pro	Name ogress and issue	e a report to me 6 months after the date below.
The new Group in Discernment's ID Code will be		
Signature of Provincial Delegate		Date