

FOURTH DEGREE EXEMPLIFICATION February 29, 2020

Honoring Sir Knight William H. McCullough

And

The 120th Anniversary of the 4th Degree

HOSTED BY

BISHOP EDWARD FITZGERALD Assembly 2642

St. Jude Parish Hall, 2403 McArthur, Drive,

Jacksonville, Arkansas 72076



Schedule of Events

- 1:00 P.M. —Registration & Light Lunch— St Jude1:30 P.M. Ladies on their own1:30 PM Candidate Lineup and Preparation
- 2:00—3:30 P.M.Exemplification
- 3:30 P.M. Photo Opportunity
- $5{:}00\ P.\ M$ $$Mass\ at\ St\ Jude's\ the\ Apostle\ Catholic$
- 5:30 P.M. Social at St Jude Hall
- 6:00 P.M. Banquet and Presentation of Certificates



INFORMATION FOR CANDIDATE

. Candidate fee to participate is \$70.00

- 4th Degree Membership Pin
- Certificate suitable for framing
 - One Banquet Ticket
 - Social Baldric
- Each additional ticket will be \$25.00

PLEASE NOTE:

IN ORDER TO INSURE CERTIFICATES AND PROGRAMS ARE CORRECT, WE ASK THAT A COMPLETED FORM 4 AND ALL FUNDS BE RECEIVED NO LATER THAN 30 DAYS PRIOR.

MAKE CHECKS PAYABLE TO: Jeff Priore

rpriore@entergy.com - 479-970-8068



Dress Code: Candidates as described and shown below:

Dark Blue, Grey or Black business suite; white dress shirt; tie; dark socks, and dress shoes.







Dress Code Exceptions (For candidates) Military—Dress Uniform or Dark Suit Police and Firemen—Formal Dress Uniform or Dark Suit Priests—Regular Clerical Dress Seminarians—Dark Suit and Tie or Seminarian Collar with Black Suit Other Candidates—Dark Suit

Dress Code for Others 4th Degree Members/Observers

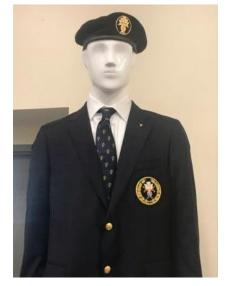
New Uniform or Black tuxedo with Social Baldric or Dark suit with tie Dark suit with tie is acceptable for banquet

Honor Guard Regalia for ceremony-complete tuxedo, white gloves and swords

> **Flag Bearers Regalia**, No Swords

Color Guard Escorts Regalia for ceremony-Complete tuxedo, white gloves and swords









Filling out a Form 4

This form is the most important form you will complete as a knight. It is a record of YOU. These instructions are to assist you in making this form as completed as possible.

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LAST NAME	FIRST NAME	MODLE	EINITIAL	TIT	LE		NEW MEMBER RESTORATION	
STREET	ST / PROV		POSTAL CODE / COUNTRY					
HOME PHONE	DATE OF BIR	TH MARITAL	STATUS	1st DEGREE DATE	COUNCIL NO.		HONORARY MEMBERSHIP HONORARY LIFE MEMBERSHIP	
CITIZEN OF WHAT COUNTRY?	BX B	RTH OR NATURALI	ZATION?	IF NATURALIZATION HAVE FINAL PAPERS BEEN RECEIVED?	YES	NO		
IF YOU WERE PREVIOUSLY INT INITIATION DATE OF	EGREE, GME: ASSEMBLY	R CITY	ST/PROV.		DEATH BO Gay yr			
REASON FOR TERMINATION	REASON FOR TERMINATION		ASSEMBLY				CITY ST.PI	
PARISH	NEW OR PRESENT							
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			I CERTIFY THAT TH	E APPLIC	ANT IS J	A THIRD DEGREE MEMBER IN GOOD STANDIN	*G	
				INCOUNCE M			LOCATION	
		1	DATE			BIONIZURE OF FRANCIAL SECRETURY		
PROPOSED VEHICES VAN	CHARGE CHARGE	1	_					
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FAITHFUL							DATE	

Candidate's Responsibility:

First thing you need to do is to write in your email address and membership number. If you don't have this label on your form, please include your email address somewhere on the form.

The next thing is Section 1, 2, 3, and 4.

Section 1 is for your name, address, phone number, date of birth, marital status, your first degree date and your current council number.

Section 2 is all about your Nationality.

Section 3 tells us if you were a Sir Knight before now. If so, we want to make sure our records are correct so we can properly serve you.

Section 4 tells us what Parish you are a member of, who recommended you as a Sir Knight, their signature, their membership number and your signature.

COUNCIL FINANCIAL SECRETARY

Please complete section 7 of this form. We need to know if this candidate is in good standing with the Council he has indicated he is a member of.

FAITHFUL NAVIGATOR AND FAITHFUL COMPTROLLER

It is your responsibility to make sure this form is completed and executed properly. In addition, you need to sign and date Section 5 and indicate on Section 6 the appropriate status **<u>before</u>** the Exemplification.



FOURTH DEGREE MEMBERSHIP DOCUMENT KNIGHTS OF COLUMBUS A SOCIETY OF CATHOLIC MEN

Email:____ Membership #:

	LAST NAME	FIRST NAME	3	MIDDLE INITIAL		TITL	E		NEW MEMBERRESTORATION	
	STREET	CITY		ST / PROV	POS	STAL CODI	E / COUN	ſRY	TRANSFER HONORARY MEMBERSHIP	
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	PARISH			/ OR SENT						
AN	I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE.			MER						
				I CERTIFY THAT THE APPLICANT IS A THIRD DEGREE MEMBER IN GOOD STANDING						
	SIGNATURE OF APPLICANT	DATE			IN	COUNC	IL NO.		LOCATIO	N .
	SIGNATURE OF PROPOSER	ASSEMBL	Y			72.02				
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	FAITHFUL COMPTROLLER		14		DATE	IN	IITIATED A	u		TE
					DATE				Signature of Master (required for new member	ers only)

