



OCDS Oklahoma Semi-Province of St. Therese
Vows Request and Acceptance Form

Optional form for Local Council Use Only.

Not to be confused with the Permanent Record Form for pCloud.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell phone: _____ Home phone: _____

e-mail: _____

Date of First Promise: _____

This is to certify that I made my Definitive Promise in the Secular Order on

(Date): _____ Location: _____ and do hereby request to take my Vows. It has been at least five (5) years since I have made my Definitive Promise pursuant to OCDS Statutes, Section XX.4.

(Signature of member) (Date signed)

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Reviewed and approved for Vows on (date): _____

President: _____

Formation Director: _____

Councilor: _____

Councilor: _____

Councilor: _____

Approved by:

Provincial (or his Delegate): _____ Date _____

(Authorization of Provincial Delegate is required. See Provincial Policy, Considerations in Making a Private Vow)

This is to certify that I received the Vows in the OCDS of the above-mentioned member.

(Date received): _____ Location: _____

(Spiritual Assistant/Authorized Priest) (Date)