

APPLICATION FOR ENROLLMENT IN THE THIRD ORDER OF THE SOCIETY OF ST. PIUS X

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| Name: | |
| Address: | |
| Email: | Phone: |
| Date of Birth: | Place of birth: |
| Date of Baptism: | Certificate attached: Y / N |
| Date of Confirmation: | Church of Confirmation: |
| Date of Marriage: | Church of Marriage: |
| Current Church: | |
| Current Priest/Pastor: | |
| Are you professed in another Third (if yes, state which): Y / N | |
| Place of Profession | Name of Priest Delegate: |

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|-----------------|-------|
| Your signature: | Date: |
|-----------------|-------|

Dear Reverend Father, your signature here indicates that you acknowledge the worthiness of the candidate for the Third Order and that you approve of this application. If you don't know the candidate, or doubt the ability of the candidate to observe the Rule and spirit of the Society, please do not sign. This signature serves as recommendation of the candidate.

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|----------------------|-------|
| Signature of Priest: | Date: |
|----------------------|-------|