

APPLICATION FOR ENROLLMENT IN THE THIRD ORDER OF THE SOCIETY OF SAINT PIUS X

Please Print Clearly (Incomplete, unintelligible or untidy applications will be returned)

COMPLETE NAME: <i>(Do not use initials)</i>	
FIRST	MIDDLE
LAST	<i>(Maiden)</i>
Baptismal name(s):	
Confirmation name(s):	
Birth Date: <i>(Month/Day/Year)</i>	Place of Birth:
Baptism Date: <i>(Month/Day/Year)</i>	Church and City of Baptism:
Confirmation Date: <i>(Month/Day/Year)</i>	Church and City of Confirmation:
Marriage Date: <i>(Month/Day/Year)</i>	Church and City of Marriage:
Present Status: <i>(Check one)</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Religious	
Present Address: Street & Number: _____	
City: _____	State: _____ Zip: _____
Name of Traditional Mass center where you habitually receive the Sacraments: _____	
City: _____	Pastor: Rev. _____

Are you, or have you ever been, a professed member of another Third Order? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>If YES, please fill in the following and enclose a copy of your certificate of profession.</i>	
Name of Third Order: _____	
Date of profession <i>(Month/Day/Year)</i> : _____	Place of Profession: _____
Name of priest who received your profession: _____	

Please turn over and complete application

Read carefully before signing:

- 1) I have read attentively the Rule of the Third Order of Saint Plus X; I fully understand it and I intend to be faithful to both its letter and its spirit.
- 2) I understand that there is one year of postulancy required before I may be admitted to my profession.
- 3) I understand that during this year of postulancy I must live according to the Rule
- 4) I understand that the New Mass of Paul VI is a danger for my Catholic Faith and I will attend exclusively the Mass celebrated in the traditional rite.
- 5) I enclose a copy of my baptismal certificate.

Signature

Date (Month/Day/Year)

Should I be admitted to the profession as a tertiary, I would like to have
as my profession name:

For Chaplain's Use Only

Date of reception of application: (Month/Day/Year) _____

Postulancy, Place & Date (Month/Day/Year): _____

Profession, Place & Date (Month/Day/Year): _____

Comments:

ADDRESS CHANGES:	3.
1.	4.
2.	5.