



**WASHINGTON PROVINCE**  
**Secular Order of Discalced Carmelites**



**REQUEST FOR DELEGATION FOR CEREMONIES**

**Required for use by communities without an approved Spiritual Assistant.**

**Without delegation, Clothings/Promises/Vows will be invalid.**

**Please request at least two weeks in advance.**

**Only a priest may receive delegation to conduct Ceremonies.**

City/State where OCDS Community/GID meets \_\_\_\_\_

Religious Title of Community/GID \_\_\_\_\_

Community/GID ID Code \_\_\_\_\_ Date of Ceremonies \_\_\_\_\_

Name of President/Moderator \_\_\_\_\_ Email \_\_\_\_\_

Name of Priest who will be officiating at Ceremonies \_\_\_\_\_

Name(s) of Candidates and Status Requested:	Scapular	First Promise	Final Promise	Vows
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
 Signature of President/Moderator Date

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I hereby grant permission for \_\_\_\_\_ to conduct the  
 Ceremonies as requested.  
Name of Priest

\_\_\_\_\_  
 Signature of Provincial Delegate Date