

Transition Form

Mail original form to DOK National Office
Send copies to 1) Province and 2) Diocesan Assembly



CHECK SPACES APPLICABLE

- | | |
|--|---|
| <input type="checkbox"/> Transitioning: <ul style="list-style-type: none">○ From Chapter to Chapter○ To Daughter-at-Large○ From DAL to Chapter | <input type="checkbox"/> Member's Resignation
Cross Returned? Yes / No |
| <input type="checkbox"/> Name/ Address Change | <input type="checkbox"/> Member's Death
Date of Death _____ |
| <input type="checkbox"/> Reinstatement (<i>Requires clergy signature and payment of current year's dues</i>) | Buried with Cross? Yes / No
OR Cross Returned Yes / No |

PLEASE NOTE:

It is crucial that all information below is completely filled in.

OLD INFORMATION

Member # _____

Name: _____
FIRST MIDDLE LAST

Address: _____

City: _____ State: _____ Zip: _____

Province: _____ Diocesan Assembly: _____ Charter # _____

***Parish:** _____ Chapter: _____

NEW INFORMATION

Name: _____
FIRST MIDDLE LAST

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Province: _____ Diocesan Assembly: _____ Charter # _____

***Parish:** _____ Chapter: _____

Chapter President Signature: _____

Clergy's Signature: _____

Clergy's Signature required only for reinstatement