



*Secular Order of Discalced Carmelites*  
*Oklahoma Province*

## First Promise Review & Acceptance

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-digit zip code: \_\_\_\_\_

Telephone at home: ( ) \_\_\_\_\_ - \_\_\_\_\_; phone at work: ( ) \_\_\_\_\_ - \_\_\_\_\_

e-mail: \_\_\_\_\_.

Date of Clothing, entrance into formation \_\_\_\_\_

Review of progress during the 24 months of regular formation:

	12 months	18 months	21 months
Have you been able to attend the formation program regularly?			
Have you been faithful to an allotted time for mental prayer?			
Have you been faithful to an allotted time for spiritual reading?			
Have you been faithful to praying the Liturgy of the Hours?			
Have you been able to balance active apostolate & prayer time?			
Have you been able to socialize & participate in your community?			
Have you attended the annual retreats?			

\_\_\_\_\_  
*(12 months signature of member)*

\_\_\_\_\_  
*(Date)*

12 months review of progress to continue in formation:

Formation Director: \_\_\_\_\_

Date: \_\_\_\_\_

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\_\_\_\_\_  
(18 months signature of member)

\_\_\_\_\_  
(Date)

18 months review of progress to continue in formation:

Formation Director: \_\_\_\_\_

Date: \_\_\_\_\_

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\_\_\_\_\_  
(21 months signature of member)

\_\_\_\_\_  
(Date)

21 months review and accepted/not accepted\* to make 1st Promise on (date): \_\_\_\_\_

President: \_\_\_\_\_

Formation Director: \_\_\_\_\_

Councilors: \_\_\_\_\_

\_\_\_\_\_

\* Formation extended for \_\_\_\_\_ months because \_\_\_\_\_

For Study Groups: \_\_\_\_\_ date: \_\_\_\_\_.  
*authorization of Provincial Delegate/Provincial Council*

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This is to certify that I have witnessed the temporary Promises [for three years] in the O.C.D.S. of the above-mentioned member.

Spiritual Assistant (or authorized priest): \_\_\_\_\_  
date: \_\_\_\_\_

cc: member