

WASHINGTON PROVINCE

Discalced Carmelite Secular Order

CHANGE OF ADDRESS FORM

PLEASE PRINT LEGIBLY THROUGHOUT THE ENTIRE FORM

Name of Member

OLD ADDRESS:

Street

City State Zip + 4 digits

Phone Number(s):

home _____ cell _____

email: _____

Date Form is Prepared _____/_____/_____

Prepared by Name and Title

Telephone Number

Name of Community

City and State where Community Meets

NEW ADDRESS:

Street

City State Zip + 4 digits

Phone Number(s):

home _____ cell _____

email: _____

KEEP ORIGINAL IN YOUR COMMUNITY FILES.

MAIL (USPS) A COPY OF THE FORM TO:

OCDS MAIN OFFICE

2131 LINCOLN RD NE

WASHINGTON DC 20002-1101

Revised: Jan. 2017

FOR OFFICE USE ONLY

Date received: _____/_____/_____

Initials: _____