

Michigan State Council



Request for an Exemplification Degree

I hereby request permission for the Traveling Degree Team to conduct an Exemplification Degree in my Diocese or District on _____ . (Please submit request at least 4 weeks in advance.)

Host DD, SDRR OR DMD	Name	District # or /Diocese	Phone #	e-mail address
Host GK	Name	Council #	GK Phone	GK e-mail
Approximate Number of Candidates				
Participation Council Numbers				
Participation District Numbers				
Function	Registration Time	Start Time	Comments	
Exemplification				
Remarks				

- Notes: 1. The Host Councils will supply the Constitutional Roll and Candidates Kit to include the Rosary and Lapel Pin.
 2. **This form has been processed by the State Ceremonial Director.**

Do Not Write Below This Line

Name of the Traveling Degree Staff	
Team Captain Name	Phone #
Signed by:	State Ceremonial Director Phone #