V-6	DISTRICT

## **MAKING OF VOWS**

This form is to be sent in with the individual formulas of Vows.

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Ceremony hel	d at:	Date:	(day)	(mor	nth) (yea	ar)		
Institute Number	Surname, Christian Names				Perpetual Annual dicate which) District (1)			
Signature:(	Signature of Brother Visitor)		Date:	(day)	(month)	(year)		

(1) Use only for Brothers who do not belong to the present District.