

# N-4 REGISTRATION FORM

To be sent with a photo to the Personnel Bureau at the same time as the signed Formula of First Vows.  
Please type or print in block letters.

DISTRICT:
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PHOTO
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## BROTHER

FAMILY NAME	
FIRST NAME	
BIRTH (day/month/year)	
1 <sup>ST</sup> VOWS ON (day/month/year)	
COMMUNITY AFTER 1 <sup>ST</sup> VOWS (CODE)	

SIGNATURE: \_\_\_\_\_

CITY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(day/month/year)