

Our Lady of the Angels Region

REQUEST FOR TRANSFER

*(Keep **TOP** portion for the fraternity records. Transfers should be reported by the fraternity Minister to Anna Geraci, OFS, Our Lady of the Angels Regional Database manager.)*

I, _____, currently a member of _____
(name)

Fraternity, request a transfer to _____ Fraternity.

Address: _____

I am requesting this transfer because:

[I understand that this is a one-time transfer if within Our Lady of the Angels Region except for job relocation and/or a new address closer to another Fraternity.]

(Signature of member wishing to transfer)

(Date)

Cut here. Keep top portion and send bottom portion with page 2 to new fraternity.

Official Transfer Form sent to Minister of the fraternity to which the member is transferring:

Please Print name of transferring member (date)

To: _____
(Name of new Fraternity)

Address: _____

(Present Minister's signature)

(Date)

OUR LADY OF THE ANGELS REGION

OFFICIAL TRANSFER

(To be filled out by the Minister of the fraternity **FROM WHICH** the transfer is being made.)

[Please Print]

Name of person transferring _____

Address _____

Information from Transferring Fraternity

Received into Candidacy in the SFO _____

(Date)

Fraternity _____

City, State _____

By _____

(Name)

(Title)

SFO Profession _____ Permanent or Temporary

(Date)

(Circle one)

Church _____

City, State _____

By _____

(Name of SFO Minister or delegate)

(Title)

is hereby officially granted permission to transfer

FROM (fraternity name and address): _____

TO (fraternity name and address): _____

Approved by _____

(Minister of present fraternity)

(Date)

Gaining (NEW) Fraternity: *Please record transfer in your Fraternity Register*

Recorded by _____

(Signature of SFO Minister or Secretary)

(Date)