



**Our Lady of the Angels Regional Fraternity  
Secular Franciscan Order**

**REQUEST FOR ELECTION / VISITATION**

REQUEST: \_\_\_\_\_ ELECTION      \_\_\_\_\_ VISITATION      DATE SUBMITTED: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ (Alternate date: ) \_\_\_\_\_

Name of Fraternity: \_\_\_\_\_

Date of Last Election / Visitation (circle one): \_\_\_\_\_

Name of Meeting Place: \_\_\_\_\_

Address of Meeting Place: \_\_\_\_\_  
\_\_\_\_\_

Phone # of Meeting Place: ( \_\_\_\_\_ ) \_\_\_\_\_ x \_\_\_\_\_

Regularly Scheduled Meeting Date: \_\_\_\_\_

Normal Meeting Time: \_\_\_\_\_ am / pm

Minister's Name: \_\_\_\_\_

Minister's Address: \_\_\_\_\_  
\_\_\_\_\_

Minister's Phone:

Day: ( \_\_\_\_\_ ) \_\_\_\_\_ Eve ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Phone \_\_\_\_\_

Spiritual Assistant's Name: \_\_\_\_\_

Spiritual Assistant's Address: \_\_\_\_\_  
\_\_\_\_\_

Spiritual Assistant's Phone:

Day: ( \_\_\_\_\_ ) \_\_\_\_\_ Eve ( \_\_\_\_\_ ) \_\_\_\_\_

**PLEASE RETURN THIS FORM PROMPTLY TO:**

Chris Leone (by email – [cleoneofs@gmail.com](mailto:cleoneofs@gmail.com)) or regular mail  
28 Stephen Ter.  
Parsippany, NJ 07054