



**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:

**Diane F. Menditto, OFS
160 Overlook Ave. 16F
Hackensack, NJ 07601-2232
201-343-0950**