

Secular Franciscan Order
Our Lady of the Angels Regional Fraternity

Membership Application

Name of Fraternity: _____ Location: _____

Date of Application: _____

Name of Applicant: _____

Date of Birth: _____

Address of Applicant: _____

City: _____ State: _____ Zip _____

Home Telephone: _____

Office Telephone: _____

Cell Phone: _____

e-mail: _____

Parish of Applicant: _____

Parish Address: _____

(If the parish to which you belong is not the parish where the fraternity is located, please provide a note from your pastor indicating that you are a practicing Catholic in good standing.)

Baptism Date: _____

Parish of Baptism: _____

Parish Address: _____

Confirmation Date: _____

Parish of Confirmation: _____

Parish Address: _____

Marital Status: ___ single ___ married ___ widowed ___ divorced

(If divorced, was the marriage annulled by the Church? _____)

Marriage Date: _____

Parish of Marriage: _____

Parish Address: _____

Ordination Date: _____

Is there a copy of Letter verifying faculties on file? _____

Occupation: _____

What involvements or ministries do you have in your parish?

To what other organizations do you belong, civic or religious? (If you belong to another Religious Order, e.g. Lay Carmelites, Third Order Dominican, Benedictine Oblate, you cannot belong to the SFO).

What interests you about the Secular Franciscan Order? (Use back of form, if needed)

Next of Kin/Contact Information

Name of Contact _____

Contact Address: _____

City: _____ State: _____ Zip _____

Phone number: _____

Relationship to Applicant (Spouse, Parent, etc.): _____

Information and documentation verified by:

Name: _____

Date: _____

Office (e.g. Minister, Formation Director, etc.) _____

Name: _____

Date: _____

Office (e.g. Minister, Formation Director, etc.) _____