



# Secular Franciscan Order

## Our Lady of the Angels Regional Fraternity

### Membership Application

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

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Parish of Applicant: \_\_\_\_\_ City: \_\_\_\_\_

(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.)

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Location of Church of Baptism: \_\_\_\_\_

Marital Status: \_\_\_ single \_\_\_ married \_\_\_ widowed \_\_\_ divorced

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

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)