CONFIRMATION OF ELECTION

St. Francis Region – Secular Franciscan Order

Date: _____

FRATERNITY NAME: _____

LOCATION: _____

NAME:	**ELECTED TO THE OFFICE OF:**
_____	Fraternity Minister
_____	Fraternity Vice Minister
_____	Fraternity Formation Director
_____	Fraternity Secretary
_____	Fraternity Treasurer
_____	Fraternity Councilor
_____	Fraternity Councilor
_____	Fraternity councilor

Confirmation of the Election and installation of the above named council for _____ Fraternity # 52-_____

Located at _____

Signed _____ Date: _____
Regional Minister/Delegate

Signed _____ Date: _____
Regional Spiritual Assistant Witness/Delegate

Signed _____ Date: _____
Secretary of Election

Signed _____ Date: _____
Teller of Elections

Signed _____ Date: _____
Teller of Elections

Five original copies to be made and distributed as follows: __ Database Manager
__ 1 Copy for the Fraternity __ 1 Copy for the Regional Minister
__ 1 Copy for Regional Spiritual Assistant __1 copy for the Regional Secretary

Revised: 8/2019