Application for Membership in the Secular Franciscan Order
The Region of St. Francis

Date of Application_____

Fraternity_____

Last Name_____ First_____

Maiden Name_____ Middle_____

Street Address_____

City_____ Zip_____ Sex: Male Female

Home Phone_____ Work Phone_____

Occupation_____ Highest Level of Education_____

Date of Birth_____ Place of Birth (City & State)_____

Spouse's Name_____ Religion_____

Number of Children:_____ Parish:_____

Are you an ordained Deacon or Priest? Yes No If yes, which Arch/diocese are you incardinated in?_____

Are you a member of a Religious Community/Order? Yes No If yes, which community/Order?_____

Are you a member of a Secular Order (e.g., Secular Carmelites, Oblates of St. Benedict)? Yes No

Sacramental Information

Date of Baptism_____ Church & City_____
If not baptized, please check here ( )

Date of First Communion_____ Church & City_____
If no First Communion, please check here ( )

Date of Confirmation_____ Church & City_____
If no Confirmation, please check here ( )

Marriage Status

Single, never married ( ) Widowed ( )
Married ( ) Currently Separated ( ) Currently Divorced ( )
Number of Marriages ( ) For each marriage give the following information (begin with current):

1. Date of Marriage_____ Church & City_____
Married by: Priest Rabbi Minister Judge
If divorced, have you received an anullment from the Church: Yes No

2. Date of Marriage_____ Church & City_____
Married by: Priest Rabbi Minister Judge
If divorced, have you received an anullment from the Church: Yes No