

**Ordo Seculaire Francicanus
OFFICIAL TRANSFER**

NAME _____

Address _____

Information from Transferring Fraternity

Received into Candidacy in the OFS _____
(date)

Fraternity _____

City, Province _____

By _____
(name) (title)

OFS Profession _____ Permanent or Temporary
(date) (circle one)

Parish name _____

City, Province _____

By _____
(name OFS Minister or delegate) (title)

is hereby officially granted permission to transfer

FROM (fraternity name, city, and province): _____

To (fraternity name, city, and province): _____

Approved by _____
(transferring fraternity - Minister) (date)

In case of fraternity cessation or inactive:

Attested by _____
(attestor: previous council member or spiritual assistant) (date)

Gaining Fraternity: *Please record transfer in your Fraternity Register*

Recorded by: _____ (signature of OFS Minister or Secretary) (date)