

The National Fraternity of the
Secular Franciscan Order-USA

OFFICIAL TRANSFER

EXEMPLAR

(To be filled out by the Minister)

[Please Print]

NAME _____

Address _____

Information from Transferring Fraternity

Received into Candidacy in the SFO _____

(date)

Fraternity _____

City, State _____

By _____

(name)

(Title)

SFO Profession _____ Permanent or Temporary

(date)

(circle one)

Church _____

City, State _____

By _____

(name of SFO Minister or delegate)

(title)

is hereby officially granted permission to transfer

FROM (fraternity name and address): _____

TO (fraternity name and address): _____

Approved by _____

(transferring fraternity Minister)

(date)

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

Recorder by _____

(Signature of SFO Minister or Secretary)

(date)