

Secular Franciscan Order
Fr. Solanus Casey Region

RECORD OF PROFESSION

Name of Fraternity and Location

Name : _____

Address : _____

Phone : _____ Date of Birth : _____

Admitted as a Candidate on _____ accepted by: _____
(date) (name of fraternity minister/delegate)

(If not admitted in the fraternity shown above, indicate fraternity name and location)

Profession made on: _____ accepted by: _____
(date) (name of fraternity minister/delegate)

in the presence of _____
(priest witness)

(If profession was not made in the fraternity shown above, indicate fraternity name and location)

Note: A Record of Profession is to be kept in the Fraternity Archives for each member, and a copy is to be sent to the Regional Office.

FURTHER MEMBERSHIP ACTIVITY

Died on: _____

Suspended on: _____ If applicable, note duration: _____

Temporarily Withdrew on: _____ If applicable, note duration: _____

Transferred out on: _____ to _____
(name and location of new fraternity)

Resigned on: _____ Dismissed on: _____

When any of the above actions occur, complete and forward appropriate form to the Regional Office, keeping a copy of the form in the fraternity archives if required.

Rev. 04/2004