

Secular Franciscan Order
Fr. Solanus Casey Region

SUSPENSION NOTICE

Name of Fraternity and Location

NAME OF MEMBER: _____

PRESENT STATUS: ___ CANDIDATE ___ PROFESSED

ADMITTED ON: _____

PROFESSED ON: _____

In accordance with the General Constitutions of the SFO, Article 56.2, the Council of the above-named fraternity hereby suspends said member for the following reason(s):

(Complete this section of the form or attach appropriate documentation)

Did Council meet with member to discuss reason(s) for suspension? _____

If not, explain why: _____

If not, were other methods of communication attempted (i.e., letter, telephone), explain: _____

If this suspension is for a limited period of time, indicate duration: _____

It is understood and has been communicated to said member that this is a temporary provision, and although no longer a member of this fraternity, they will remain a member of the Secular Franciscan Order until such time that further action is taken in regards to membership. They may also be re-admitted to a fraternity by making a written request to the fraternity minister, which is subject to council approval.

Suspension of said member has been accepted by the Fraternity Council

Date Accepted

Signature of Minister

Written notification sent to suspended member on: _____

Record suspension in fraternity archives and file notice, forward a copy to Regional Office.

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