

Secular Franciscan Order  
Fr. Solanus Casey Region

## OFFICIAL TRANSFER

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

PHONE : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADMITTED ON: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_  
(date) (name of fraternity minister/delegate)

\_\_\_\_\_

(name and location of fraternity)

PROFESSED 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)

**In accordance with the General Constitutions of the SFO, Article 55, said member is hereby officially granted permission to transfer**

FROM: \_\_\_\_\_  
(Name of Fraternity)

\_\_\_\_\_  
(Location – City, State)

TO: \_\_\_\_\_  
(Name of Fraternity)

\_\_\_\_\_  
(Location – City, State)

DATE OF ACCEPTING FRATERNITY COUNCIL APPROVAL: \_\_\_\_\_

\_\_\_\_\_  
Signature of Minister