



OFFICIAL TRANSFER
SECULAR FRANCISCAN ORDER

Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Admitted as a CANDIDATE on (date) _____

Place _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Professed on (date) _____

Church _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

By (Name and Title) _____

Is hereby officially granted permission to transfer

FROM (Fraternity Name) _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Contact telephone number and name _____

TO (Fraternity Name) _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Transferring Fraternity Secretary (Name) _____

Transferring Fraternity Secretary (Signature) _____

ACCEPTANCE OF TRANSFER Secretary (Name) _____

Acceptance Secretary (Signature) _____

Date of Transfer _____