

STATEMENT OF MEMBERSHIP
in the SECULAR FRANCISCAN ORDER ~ UNITED STATES of AMERICA
an ASSOCIATION of the FAITHFUL of THE ROMAN CATHOLIC CHURCH

Legal Name _____

Date of Birth _____

Date of Admission _____

Date of Profession _____

Fraternity _____

Location _____

Region _____

I wish the initials "OFS" to be written after my name in my obituary:

_____ YES _____ NO

I wish the my membership in the Secular Franciscan Order to be written in my obituary:

_____ YES _____ NO

I wish to have a Franciscan Wake Service:

_____ YES _____ NO

Please contact: _____

Telephone Number(s): _____

Signature: _____ Date: _____

This document should be filed with your important family papers and discussed with those who need to know about your preferences upon joining Sister Death.