

# OPUS SANCTORUM ANGELORUM

FORMATION BOOK RECEIVED?

YES  NO

164 Apollo Rd SE; Carrollton, OH 44615 Tel: (330) 969-9900 e-mail: confraternity@opusangelorum.org

## Application

for admission into the **FORMATION YEAR** toward the  
Consecration to the **HOLY GUARDIAN ANGEL** and Membership in OA

Please do not submit without a photo. You may take it with your phone and email it.

Photo

*To be filled by the Candidate (please print legibly or in block letters):*

Mr./Mrs./Miss	First Name:	Last Name:	Date of Birth:
Baptized as a Roman Catholic on (approx):		Confirmed on (approx):	<input type="checkbox"/> single <input type="checkbox"/> civil marriage <input type="checkbox"/> widow/-er <input type="checkbox"/> mar. in Church <input type="checkbox"/> Priest/Relig <input type="checkbox"/> divorced
Address: (Street)		(City, State, Zip)	Occupation:
Telephone:		E-Mail: PRINT VERY CLEARLY!!!	

When and how did you first learn of the Work of the Holy Angels?

Have you already made consecrations in the Work of the Holy Angels? (which and when?)

Are you a member in other canonical institutes? (If yes, in which? e.g. Third Order Carmelite, etc.)

**Why** do you want to enter into the formation year towards the Consecration to the Guardian Angel and membership in the Work of the Holy Angels? (**One full paragraph or more.**)

**I hereby request admission into the formation year toward the Consecration to the Holy Guardian Angel.**

\_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_  
Signature Place Date

If you are a **religious** you need permission from your superior (verbal permission is sufficient).

*To be completed by a priest of the Order of Canons Regular of the Holy Cross:*

Event Applied: \_\_\_\_\_ Accepted: \_\_\_\_\_  
Signature of a Priest of the Order of the Holy Cross DATE

Facilitator: \_\_\_\_\_

Registered: \_\_\_\_\_