

Regional Fraternity of Eastern Canada
APPLICATION TO THE PERIOD OF INQUIRY

To the Applicant – We are very happy that you have asked to begin a program of formation in the Secular Franciscan Order. To help us get to know you better, please provide the following information:

NAME _____ PHONE () _____
ADDRESS _____
CITY _____ PROVINCE _____ POSTAL CODE _____
E-MAIL _____
OCCUPATION _____ DATE OF BIRTH _____
SINGLE _____ MARRIED _____ WIDOWED _____ SEPARATED _____ DIVORCED _____
IF MARRIED, SPOUSE'S NAME _____

REFERENCE 1:

PASTOR _____ PHONE () _____
ADDRESS _____
CITY _____ PROVINCE _____ POSTAL CODE _____
E-MAIL _____

REFERENCE 2:

NAME _____ PHONE () _____
ADDRESS _____
CITY _____ PROVINCE _____ POSTAL CODE _____
E-MAIL _____

HOW DID YOU FIRST LEARN ABOUT THE SECULAR FRANCISCAN ORDER?

Please use the space below to tell us about yourself, and state why you wish to become a member of the Secular Franciscan Order. For example, tell us about your background, spirituality, family history, work history, hobbies, talents, interests, and anything else that you

consider pertinent. If you are active in your parish, please tell us about your involvement (e.g. Lector, Eucharistic Minister, Choir member, etc.). If you are engaged in any apostolic works (E.g., visiting the sick, care for the poor, etc.) Please tell us about these activities.

I understand that, by signing, I am giving permission to contact references and to verify all information.

SIGNATURE _____ DATE _____