

*Tau Cross Region, Secular Franciscan Order*



RECORD OF MEMBERSHIP

CANDIDATE NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

FRATERNITY NAME \_\_\_\_\_ LOCATION \_\_\_\_\_

Began ORIENTATION phase on \_\_\_\_\_ Completed \_\_\_\_\_ Initial \_\_\_\_\_

Began the INQUIRY phase on \_\_\_\_\_ Completed \_\_\_\_\_ Initial \_\_\_\_\_

Profession Date \_\_\_\_\_ >>> \_\_\_\_\_

\_\_\_\_\_  
*Signature of Formation Director*      *Date*

\_\_\_\_\_  
*Signature of Minister*      *Date*

\_\_\_\_\_  
*Signature of Friar Witness*      *Date*

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Date of Death \_\_\_\_\_

Excused from Fraternity by vote of council on \_\_\_\_\_

Resigned from Fraternity on \_\_\_\_\_

Transferred to another Fraternity on \_\_\_\_\_

Dismissed from Order and dispensed from all obligation on \_\_\_\_\_

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

**ADMISSION TO THE ORDER**

As the Director of Formation, I assure the Council that this person fulfills the conditions for becoming a CANDIDATE:

- completed the ORIENTATION phase
- participated actively in fraternity life
- faithfully attended the INQUIRY phase, with instructions on the life of St Francis and the nature of the order;
- received a recommendation from his/her pastor.

This candidate has requested, in writing, admission to the Order. From a personal interview I am convinced that there exists clear signs of a vocation. Therefore, I recommend that he/she be admitted to the CANDIDACY phase.

Date of Council approval \_\_\_\_\_  
\_\_\_\_\_  
*Signature of Formation Director*

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



**THE PROFESSION OF EVANGELICAL LIFE**

As the Director of Formation, I assure the Council that this person, having attained the age of 21 years, has fulfilled the conditions required for PROFESSION. He/she has completed CANDIDACY, having

- been instructed in the Rule and Constitutions of the Order;
- been trained in Franciscan virtue and fraternity life; and
- made a day of community/retreat

\_\_\_\_\_  
*Signature of Formation Director/ instructor*

\_\_\_\_\_ has requested in writing to be allowed to make final PROFESSION in the Secular Franciscan Order. From a personal interview I am convinced that he/she is motivated by the love of God and the grace of a vocation to our apostolic life, and intends to be faithful in the Order until death.

Therefore, in accord with the General Constitutions, article 41, I recommend that the Council, having heard the Director of Formation and the Spiritual Assistant, approve our brother/sister for final Profession in our way of life.

Date of Council Approval \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Friar Witness

\_\_\_\_\_

The SFO General Constitutions, article 42.2, says that final profession may be preceded by a temporary profession, renewable annually for not more than three years. If this is done, indicate dates and names below.

Council Approval

Date of Temporary Profession

Minister (or delegate)

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**Sacramental Certificates Received**

Baptismal /Confirmation/ Marriage \_\_\_\_\_ Initial

*[This Record of Membership is kept in the fraternity archives, and to it may be attached: a) the pastor's recommendation; b) the candidate's written requests for Admission and Profession]*