

Please provide the following information needed for preparation for documents for the Canonical Establishment of a local fraternity:

1. Name of new fraternity:
2. Place of establishment (for example: church):
3. City, State:
4. Name of (Arch)Diocese:
5. Name of (Arch)Bishop (Ordinary)
6. Name of Regional Fraternity:
7. Name of Friar Province to which new fraternity is bonded:
8. Name of OFS Regional Minister:
9. Name of Friar Provincial Minister:
10. Name of Provincial Spiritual Assistant:
11. Name of local spiritual assistant:
12. Who will sign part #2 (the friars' permission) of the document?
Please circle one:
Provincial Spiritual Assistant
or
Provincial Minister
13. Who will actually conduct the ceremony of establishment and sign the document?
Please circle one:
Provincial Minister
or
Provincial Spiritual Assistant
or
Provincial Delegate – Name ?
14. Anticipated Date of Establishment Ceremony, if available
15. Name, address, phone number of contact person to whom documents should be returned:

Please fill this form out completely and return it to:

Miriam Kennedy, OFS
52 Frederick St. #18
Dracut, MA 01826

Form may be e-mailed to mekofs@gmail.com