This Transfer Form consists of four (4) pages:
Page 1 – Basic information and Procedure
Page 2 - Transfer Request Form
Page 3 – Documentation from the Fraternity of Origin
Page 4 – Documentation from the Receiving Fraternity

Basic Information
General Constitutions, Article 55 states: “If a brother or sister, for any reasonable cause, desires transfer to another fraternity, he or she first informs the council of the fraternity to which he or she belongs and then makes the request, including the reasons for the transfer, to the minister of the fraternity to which he or she wishes to belong. The council makes its decision after having received the necessary information in writing from the fraternity of origin.”

Transfers are most often requested for one of two reasons: (1) the member will be moving to another location and can no longer participate in their fraternity or (2) the local fraternity to which they belong has been deactivated.

It is important to note:
• Those requesting a transfer for reasons other than the above should first discuss their situation with the Council including the Spiritual Assistant of the fraternity of which they are a member.
• The receiving fraternity is free to accept, or to not accept a transfer request.

Procedure for transfer: (Please read carefully)
1. The professed member or candidate requesting the transfer completes relevant sections of Page 2 of this form, retains a copy for themselves, and sends the entire 4-page form to the Minister of the Fraternity from which they are transferring (Fraternity of Origin).
2. The Minister of the Fraternity of Origin completes Page 3, retains a copy for the fraternity records and sends all 4 pages of this form to the Minister of the Fraternity to which the member wishes to transfer (Receiving Fraternity).
3. Before the transfer is complete, there must be a period of discernment (a minimum of several months from the submission of the transfer papers but not more than a year). Modification of this timeframe is left to the discretion of the receiving fraternity council. During this time the transferring member and the Receiving Fraternity get to know each other. In addition, the Minister of the Receiving Fraternity must consult with the Minister of the Fraternity of Origin to obtain additional details about the transferee not contained in this form.
4. The Council of the Receiving Fraternity will interview the transferee. A council vote on whether to accept the transfer follows. The Minister of the Receiving Fraternity then completes Page 4, retains a copy for the fraternity files, and sends a copy to the Minister of the Fraternity of Origin and the Minister(s) of the Region(s) involved.
5. If questions or difficulties arise during this process the Regional Executive Council(s), and if necessary the National Executive Council, should be consulted.

If the Receiving Fraternity accepts the transfer: (1) the member is notified by the receiving fraternity, (2) the transfer is recorded in the registers of both the Fraternity of Origin and the Receiving Fraternity (3) notification is made to the next higher level to record the transfer in the National Database and (4) the Receiving Fraternity then assumes the responsibility of the Fair Share payment for the transferee.

If the Receiving Fraternity does not accept the transfer: The member who requested the transfer may appeal to the Receiving Fraternity Council or request a review by the Regional Executive Council(s) to which the two fraternities belong or if necessary the National Executive Council.
Page 2 - Transfer Request

To be completed by the member requesting the transfer

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

__________________________________________________________________________________

Today’s Date _______________________________ Date of Birth_____________________________

Phone_______________________________ Email _________________________________________

I was admitted to the Order (Rite of Admission) on _________________________________(Date)

Name of Fraternity ___________________________________________________________________

In (City, State) _______________________________________________________________________

Region ______________________________________________________________________________

I made my profession to the OFS on _________________________________(Date)

Name of Fraternity ___________________________________________________________________

In (City, State) _______________________________________________________________________

Region ______________________________________________________________________________

I would like to transfer to _______________________________________________ Fraternity

Located In _______________________________________________ (City) ____________ (State)

Region ______________________________________________________________________________

Reason for request: (Use additional sheet if necessary) ____________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Signature of Member ___________________________ Date ________________

Page 3 – Documentation from Fraternity of Origin

To be completed by the Minister of the Fraternity of Origin

I, ______________________________________________________________________ (Name of Minister)
certify that ______________________________________________________________ (Name of Member)
was received (Rite of Admission) into the Secular Franciscan Order on _________________ (Date)
as recorded in the register of _____________________________________________________ Fraternity
located in ______________________________________________________________________ (City, State)
.........................................................................................................................(Region)
Name of Minister at time of Admission ________________________________________________
Ecclesial Witness at time of Admission ________________________________________________

I certify that _____________________________________________________________ (Name of Member)
made their profession in the Secular Franciscan Order on __________________________________ (Date)
As recorded in the register of _____________________________________________________ Fraternity
located in ______________________________________________________________________ (City, State)
.........................................................................................................................(Region)
Name of Minister at time of Profession_______________________________________________
Ecclesial Witness at time of Profession_______________________________________________

______________________________________________________________________________
Signature of Minister of Fraternity of Origin* Date

Please Print Name ___________________________________________________________________
Contact information: (Phone / Email) _________________________________________________

______________________________________________________________________________
Signature of Witness (Council Member) Date

Please Print Name and Title: __________________________________________________________

* Regional Executive Council Representative signs if the Fraternity has been deactivated

Comments may be included on a separate sheet.
Page 4 – Documentation from Receiving Fraternity

To be completed by the Council of the Receiving Fraternity

The Council of _______________________________________________________________Fraternity,
established in ________________________________________(City) _____________________(State)
in ___________________________________________________________________________(Region)
has received the request of _____________________________________________(Name of Member)
on ______________________(date on which the request was received) to transfer into this fraternity.

The decision of the Council is as follows:

On _____________________________ (Date) the Council voted to accept the above-named Secular Franciscan as a member of our local fraternity.

On _____________________________ (Date) the Council voted to not accept the above-named Secular Franciscan as a member of our local fraternity.

__________________________________________________________
Signature - Minister of Receiving Fraternity                       Date

Please Print Name: __________________________________________________________________

Contact information: (Phone / Email) ____________________________________________________

A copy of this form is sent to the Minister of the Fraternity of Origin
and the Ministers of the Regions Involved

If the Receiving Fraternity accepts the transfer:
(1) the member is notified by the receiving fraternity,
(2) the transfer is recorded in the registers of both the Fraternity of Origin and the Receiving Fraternity
(3) notification is made to the next higher level to record the transfer in the National Database and
(4) the Receiving Fraternity then assumes the responsibility of the Fair Share payment for the transferee.

If the Receiving Fraternity does not accept the transfer: The member who requested the transfer may appeal to the Receiving Fraternity Council or request a review by the Regional Executive Council(s) to which the two fraternities belong or if necessary the National Executive Council.