T

with date of change of status Notes ..... Fraternity

HOMAS MO

St. Thomas More Region

**Member's Personal Information Form** 

(Please type or print clearly)

	· · · ·	<u> </u>		Mar Franciscan
<u>Legal Name:</u> (First)	(Middle)		(Last)	
Name commonly used (Nickname):				
Date of birth (Month/Day/Year):				
Date of Baptism with Parish name, city	, and state			
Date of first desire to "Come and see"/	<u>'Start of Orienta</u>	tion (Aspirant): .		
Checklist of documents require	ed prior to ac	dmission into	Candidacy:	
<ul> <li>Baptism Certificate, annotat</li> <li>If married provide verification</li> <li>If ordained, provide copy of</li> </ul>	on of validity. P	rovide Decree d	· ,	•
<ul> <li>Two letters of recommendation</li> <li>Inquirer's pastor</li> <li>Personal acquaintant</li> </ul>				
Date of Acceptance (Inquirer): (Month,	/Day/Year)			
Date of Admission (Candidate): (Month	າ/Day/Year)			
Date of Profession: (Month/Day/Year)				
Name of Fraternity where professed:				
Home address (street, city, state, zip code)				
Phone number(s) Home (H) Cell. (C) Preferred (P)				
Email address				
Member's Status (Active, Active/Excused, Lapsed)				

PLEASE PROMPTLY SHARE THIS INFORMATION AND ANY UPDATE WITH THE REGIONAL DATABASE MANAGER