

STATEMENT OF MEMBERSHIP

In the SECULAR FRANCISCAN ORDER (OFS-USA)

An ASSOCIATION of the FAITHFUL

Canonically Established ORDER of THE ROMAN CATHOLIC CHURCH

Legal Name _____

Date of Birth _____

Date of Admission _____

Date of Profession _____

Fraternity _____

Location _____

Region _____

Next of Kin _____ Telephone _____

I wish the initials "OFS" to be included after my name in the obituary:

_____ YES _____ NO

I wish my membership in the Secular Franciscan Order to be mentioned in my obituary:

_____ YES _____ NO

I wish to have a Franciscan Wake Service:

_____ YES _____ NO

Signature: _____ Date: _____

Please contact: (Fraternity Minister) _____

Telephone Number(s): _____

Email address: _____

This document should be filed with your important family papers and discussed with those who need to know your preferences upon welcoming Sister Death.