LAY FRATERNITIES OF SAINT DOMINIC

DOMINICAN PROVINCE OF SAINT MARTIN DE PORRES

APPLICATION FOR TRANSFER INTO A CHAPTER/GROUP

DATE _____

PERSONAL INFORMATION:

NAME _____

ADDRESS _____

_____

OCCUPATION _____

HOME _____ **CELL** _____

EMAIL ADDRESS _____

DATE OF BIRTH: _____

MARITAL STATUS: Single ___ Married __ Widowed ___ Divorced___ Separated ___
If you are divorced, have you remarried? **YES___ NO___**
If yes, has your first marriage been canonically annulled? **YES___ NO___**
Year _____ diocese and/or archdiocese_____

RELIGIOUS PRACTICE:

I am an active, practicing Catholic. **YES ___ NO ___**

PARISH _____

LAY DOMINICAN INFORMATION:

CURRENT CHAPTER/GROUP _____
(NAME AND LOCATION)

RITES: (List Dates and Locations)

ADMISSION _____

TEMPORARY PROMISE _____

PERMANENT PROMISE _____

Please attach your Curriculum Vitae, Resumé or a summary of the following:

Educational Background
Occupational Background
Ministries in which you have been involved
Supporting documentation (certificates, etc.)
Positions held in your Dominican Laity Chapter/Group

Please request that your current Chapter/Group send the Transfer Form.

I, _____, certify that the information provided by me in this application is true and correct to the best of my knowledge. I understand that all information provided will be kept strictly confidential and used only for the purpose of ascertaining my eligibility for transfer into this Chapter /Group of the Dominican Laity. I acknowledge that the references provided may be contacted and I give my express permission for the authorized representatives of this Chapter/Group to contact my current Chapter/group.

SIGNED _____**DATE** _____

WITNESSED _____**DATE**_____