

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 Provincial Minister: _____
10. Name of Provincial Spiritual Assistant/Delegate: _____
11. Name of local spiritual assistant: _____
12. Who will sign part #2 (the friars' permission) of the document?
Please check one:
Provincial Spiritual Assistant _____ Provincial Minister _____
13. Who will actually conduct the ceremony of establishment and sign the document?
Please check one:
Provincial Minister _____ Provincial Spiritual Assistant/Delegate _____
Provincial Delegate _____
14. Anticipated Date of Establishment Ceremony, if available _____
15. Name, address, phone number of contact person to whom documents should be returned:
Name: _____
Title: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____
Zip: _____

Please fill this form out completely and return it to:
Corinne Lorenzet, OFS
CNSA Administrative Assistant
corlorofs@gmail.com