CALIFORNIA-ARIZONA PROVINCE OF ST. JOSEPH SECULAR ORDER OF DISCALCED CARMELITES COMMUNITY TO COMMUNITY INTRA AND INTER PROVINCIAL TRANSFER REQUEST

Central Office California-Arizona Province Secular Order Discalced Carmelites 510 North El Molino Street Alhambra, CA 91801

Central Office Oklahoma Province Secular Order Discalced Carmelites 315 N. Greenville Ave #1214 Allen, TX 75002

Central Office Washington Province Secular Order Discalced Carmelites 2131 Lincoln Road Washington, DC 20002-1199

- Section 1 is to be completed by the Applicant and verified by the Community Council of origin.
- Section 2 is to be completed by the receiving Community Council.
- If the receiving Community Council is unable to admit the applicant, this original form will be returned to the Community Council of origin with appropriate endorsement in Section 3.
- If the applicant is admitted, a copy of this application will be sent to the Community Council of origin for their files with the date and signature of the receiving Community Council in Section 3.
- Affected Central Offices are to be notified by the President of the receiving Community Council.
- No transfer is effective until Section 3 of this form is completed. All other situations are considered to be only transfer applications in process.

	Section 1	1		
Name:	Address:			
City:	State:		Zip code:	
Telephone at home: ()		at work: ()	
E-mail:			·	
I hereby request transfer to the Comm				
for the following reason(s):				
At present I am a member of the				
		of the		
(city and state where the com	munity meets)		(name of province)	
President:	Address:			
(community of origin)				
City, state, zip:				
E-mail:		Telephone		
*Transfers from or to a <u>Recognized</u>	<u>d Group</u> must be	made with th	e Provincial Delegates	s permission.
(please turn over)	-			-

Formation Director:	Address:				
(community of origin)					
City, state, zip:					
E-mail:	1:Telephone:				
My current status is (check all th	t apply/have applied and provide the dates):				
	capular on date:				
in temporary promise; I mad	e my temporary promise on date:				
	my definitive promise on date:				
in vows; I made my vows of	date:				
(signature of applicant)	(application date)				
1 Please verify the information give	en in Section 1 from Community records. If needed provide corrections.				
2. Please provide a copy of the syll	bus of your Community's formation program. tion, please provide his/her attendance record.)				
	tion in a timely manner to the address given in Section 2.				
The	Community Courseil has				
The	Community Council has nade appropriate corrections where necessary, and verifies this to be a				
	icant				
Community.	icantwithin this				
community.					
By:	date:date:				
(signature of president, formation de	ector or member of council)				
	Section 2				
	Section 2				
The	OCDS Community				
(Receiving Community)					
-	sentative:				
City, state, zip:	Talanhana				
E-man:	Telephone:				
	Section 3				
	(to be completed only as applicable)				
Upon completion of a period of	liscernment made by both the applicant and the receiving Community's				
	Community				
is unable to receive	as a member of this Community.				
	liscernment made by both the applicant and the receiving Community's				
council, The Council of the	Community				
hereby receives	as a member of this Community.				
By:	date:				
(signature of president, formation di	date:date:				
Released By:	date:				

(signature of the releasing community president, formation director or member of council) The releasing community must return the original application to the receiving community, in section 2, when section 3 has been completed to effect the transfer. The receiving community is responsible for distribution of copies to all affected parties and offices.