## CALIFORNIA-ARIZONA PROVINCE OF ST. JOSEPH SECULAR ORDER OF DISCALCED CARMELITES COMMUNITY TO COMMUNITY

## INTRA AND INTER PROVINCIAL TRANSFER REQUEST

Rev. 1/2019

Central Office
California-Arizona Province of St. Joseph
OCDS Central Office
Carmelite House of Prayer,
P. O. Box 347, Oakville, CA 94562

Central Office Oklahoma Province Secular Order Discalced Carmelites

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			
Name:	Address:			
City:				
Telephone at home: ( )		at work: (	)	
E-mail:				
I hereby request transfer to the Commur	nity* of:			
for the following reason(s):				
At present I am a member of the			C	Community in
	(	of the		Province.
(city and state where the comm	unity meets)		(name of province)	
President:	Address:			·
(community of origin)				
City, state, zip:				
E-mail:	Telephone:			
*Transfers from or to a Recognized C	<u>Group</u> must be	made with th	he Provincial Delegates	s permission
(please turn over)				

Formation Director:	Address:			
(community of origin)				
City, state, zip:				
E-mail:	Telephone:			
•	apply/have applied and provide the dates):	1 ,		
	apular on			
	my temporary promise on			
	my definitive promise on			
m vows, I made my vows on .		date:		
(signature of applicant)		(application date)		
2. Please provide a copy of the syllab (If the applicant is in initial formati	n in Section 1 from Community records. If needed us of your Community's formation program. ion, please provide his/her attendance record.) on in a timely manner to the address given in Sect			
TI.		G '- G '11		
The		Community Council has		
	ade appropriate corrections where necessary,			
	cant	within this		
Community.				
By:		date:		
(signature of president, formation direct	ctor or member of council)	auto		
	Section 2			
The		OCDS Community		
President/Council Member Represe	entative:			
Address:				
City, state, zip:	Telephone:			
E-man:	1 elephone:			
	Section 3			
	(to be completed only as applicable)			
	scernment made by both the applicant and the	•		
council, The Council of the		Community		
is unable to receive	as a me	mber of this Community.		
	scernment made by both the applicant and the			
hereby receives	as a me	mber of this Community.		
By:		date:		
(signature of president, formation direct	ctor or member of council)			
Released Ry		date:		
(signature of the releasing community	president, formation director or member of counc			
	prestaent, formation atrector or member of counc original application to the receiving community, in sec			

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.