

**Official Transfer and Acceptance Form
Divine Mercy Regional Fraternity**

Profession information

Name _____ Date of Birth _____

Address: _____ Telephone: _____
Street City State Zip Code

(Signature)

Reason for transfer request:

Proof of Profession

I certify that this person is a professed and active member of:

Fraternity Name _____ Number _____

Reception Date _____ Profession Date _____

Signed by Minister, Secretary or Spiritual Assistant:

_____ Date: _____

Minister note: Please send this form with the top portion completed to the fraternity to which the above-named member has asked to be transferred.

Admitting Fraternity Acceptance (Section below to completed by Admitting Fraternity)

The Council of _____ Fraternity

_____ address city, state, zip code

accepted the above-named as a fraternity member on _____ (date)

Recorded in Fraternity Register on _____ (date)

Signed by Minister or Secretary

_____ Date: _____

Please return completed signed form to Fraternity Minister of the originating fraternity, address above and keep a copy for your records