

**Fraternity Council Review Of Candidate  
Prior to Profession**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Yes                      No

Has the Candidate completed all assignments?                      \_\_\_\_\_

Have all required documents been supplied?                      \_\_\_\_\_

Does the Candidate understand Profession is a lifetime commitment?                      \_\_\_\_\_

Does the Candidate understand regular attendance at meetings is required?                      \_\_\_\_\_

Are there any family issues that may prevent candidate from full participation?                      \_\_\_\_\_

Are the candidate's motives based on desire for community and service to others?                      \_\_\_\_\_

Will this person be a positive influence on the fraternity/Order?                      \_\_\_\_\_

Is this candidate willing to contribute time and talent as needed by the fraternity?                      \_\_\_\_\_

Has the candidate displayed any extreme religious or penitential desires?                      \_\_\_\_\_

Is the candidate fully aware that becoming a Secular Franciscan is a vocation?                      \_\_\_\_\_

Does the candidate understand fraternity members are members of a Lay Order within the Catholic Church living according to a Rule approved by the Pope and not a social organization?                      \_\_\_\_\_

Has the candidate indicated loyalty and unity with the Secular Franciscan Order?                      \_\_\_\_\_

Is the candidate an active, practicing Catholic participating in parish ministry(s) at this time?                      \_\_\_\_\_

Is the candidate living a personal life in union with the teachings of the Church?                      \_\_\_\_\_

Is the person a member of any group opposed to the teachings of the Church?                      \_\_\_\_\_

Recommend Profession:                      \_\_\_\_\_

Recommend Delay Of Profession:                      \_\_\_\_\_

Fraternity Minister Signature \_\_\_\_\_