

**Official Transfer and Acceptance Form  
Divine Mercy Regional Fraternity of the OFS**

**Part I: MEMBER INFORMATION**

Directions: Member completes Part I to request a transfer, and then gives form to their current Fraternity.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State Zip Code

Reason for Transfer Request: \_\_\_\_\_

New Fraternity Name, City, State: \_\_\_\_\_

OFS Member's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part II: INFORMATION FROM TRANSFERRING FRATERNITY**

Directions: **1.** Transferring Fraternity Official completes Part II, and then sends to Admitting Fraternity; **2.** When the completed form is returned to the Transferring Fraternity, they record the Transfer Date (Date in Part III) in their Register; **3.** Transferring Fraternity must notify the Divine Mercy Region by copy/email of this form to the Secretary of Divine Mercy Region at [divinemercury.region@gmail.com](mailto:divinemercury.region@gmail.com)

I certify that the above-named member was received in Candidacy and/or Professed into:

Fraternity Name \_\_\_\_\_ Number \_\_\_\_\_ On:

Reception Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Profession Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Registry #/pg. \_\_\_\_\_

And is an Active Member or was an Active Member having last attended in \_\_\_\_\_  
(Enter Month/Year)

Signed by Minister or Secretary: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Enter Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State Zip Code

**PART III. ADMITTING FRATERNITY ACCEPTANCE**

Directions: **1.** Admitting Fraternity completes Part III, recording Transfer Date in their Register; **2.** Retains a copy of this form; **3.** Sends the original completed form to Transferring Fraternity (address in Part II).

The Council of \_\_\_\_\_ Fraternity in \_\_\_\_\_  
City State

**Accepted the above-named as a fraternity member on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ a/k/a Transfer Date.**

Recorded in Fraternity Register on Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed by Minister or Secretary: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Enter Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State Zip Code