**Membership Status Change Form**

**Secular Franciscan Order St Elizabeth of Hungary Region**

|  |  |
| --- | --- |
| **Fraternity Name** |  |
| **Fraternity City/ State** |  |
| **Fraternity Number** |  |
| **First Name** |  |
| **Last Name** |  |
| Primary Street/ Apt Address |  |
| Primary City/ State/ Zip Code |  |
| Telephone (Main) |  |
| Telephone (Cell) |  |
| E-mail Address |  |
| Birthdate (at least year required for Inquiry) |  |
| **Change Effective Date:** |  |
| **Formation Status:** | …………………………………………... |
| Aspirant (Orientee) |  |
| Aspirant (Inquirer) |  |
| Candidate - Acceptance |  |
| Temporary Professed |  |
| Professed |  |
| Ecclesial Witness (for Profession) |  |
| **Status Change:** | …………………………………………... |
| Active |  |
| Lapsed |  |
| Deceased |  |
| Active - Excused |  |
| Temporary Withdrawal |  |
| Definitive Withdrawal  (requires National Notification)\* |  |
| Suspended (requires Regional Approval) |  |
| Dismissed (requires National Approval)\* |  |
| **Minister Name:** | **Minister Signature:** |
| **Designee (if not signed by minister)**: | |
| **Notes/Other:** | |
| **Date Submitted:** |  |

This form is to be used for all membership status changes except Transfers. Please complete applicable change sections and email or send to the Regional Secretary who will update the National Database. Incomplete forms will be returned. The fraternity minister (or designee) must sign this form or type in their name as an authorized signature. Transfers are to be completed on the Transfer Form. \*For submittal to National, “Contact Us” form must be used by database administrator. 3/2025