|  |  |  |  |
| --- | --- | --- | --- |
| Canonical Community Location: | Choose an item. | Study Group or GID Location: | Choose an item. |
| Formation Level:  | Choose an item. | Status: | Choose an item. | Date Updated: | ick or tap to enter a date. |

##### Section I: Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Name: | Click or tap here to enter text. | Click or tap here to enter text. | Year of Birth: | **Click or tap here to enter text.** |
|  |  *Last* | *First* |  |
|  |
|  Address: | Click or tap here to enter text. |  |
|  |  Street Address |
|  | Click or tap here to enter text. |
|  |  *City State ZIP Code* |  |
|  Email Address: | Click or tap here to enter text. |
|  Phone: | Click or tap here to enter text. |  Phone: | Click or tap here to enter text. |  Phone: | Click or tap here to enter text. |
|  | *Cell* |  | *Home* |  | Work |
|  Married? |  | Single? |  | Widowed? |  | Divorced? |  | If annulment (date): |  |
|  If Married, was it in the Catholic Church?: |  | Date: |  |
|  |
|  Occupation: |  |  Retired? : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Spouse: |  |  Catholic? : |  |

|  |  |
| --- | --- |
|  |  |
|  Parish Membership (name and location): |  |
|  |
|  Active in these Parish or Church ministries/activities:  |
|  |
|  Catholic Organizations to which you belong:  |
|  Previous membership in a religious or lay/secular order for:  |  | Years |  |
|  |  *Date Released* |
|  Name of Order: |  |
|  |

**Section II: Formation Level**

|  |
| --- |
| **ADMITTED TO ASPIRANCY:** |
|  | Click or tap to enter a date. |  |
|  | *Date* |
| President or Director of Formation: |
|  |
| *Printed Name* | *Signature* |
|  |  |
| **CLOTHED AND ADMITTED TO FORMATION I:** |
|  | Click or tap to enter a date. |  |
|  | Date |
| President or Director of Formation: |
|  |
| *Printed Name* | *Signature* |
|  |
| Presider’s Name: |  |
|  |
| Extension? If yes:  |  |   |  |
|  |  |  |  |
|  | *Date Begun:* | *Date Ended:* |  |
|  |
| **FIRST PROMISE AND ADMITTED TO FORMATION II:** |
|  | Click or tap to enter a date. |  |
|  | *Date* |
| Devotional Title, if taken:  | Click or tap here to enter text. |
|  |
| President or Director of Formation: |
|  |
| *Printed Name* | *Signature* |
|  |
| Presider’s Name: |  |
|  |
| Extension? If yes:  |  |   |  |
|  | *Date Begun:* | *Date Ended:* |  |
| Promise Renewed on:  |  | Presider’s Name: |  |
|  |
| **DEFINITIVE PROMISE AND ADMITTED TO ONGOING FORMATION:** |
|  | Click or tap to enter a date. |  |
|  | *Date* |
| President or Director of Formation: |
|  |
| *Printed Name* | *Signature* |
|  |  |
| Presider’s Name: |  |
|  |

**Section III: Status Change**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:**  | **☐ Extended Excused Absence** | **☐ Infirm** | **☐ Isolate** | **☐ Leave of Absence (LOA)** |
|  |  *From To* |  |  |  |  |

|  |
| --- |
|  Reason:  |
|  |
|  President or Director of Formation:  |
|  |
| *Printed Name* | *Signature* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:**  | **☐ Extended Excused Absence** | **☐ Infirm** | **☐ Isolate** | **☐ Leave of Absence (LOA)** |
|  |  *From To* |  |  |  |  |

|  |
| --- |
|  Reason:  |
|  |
| President or Director of Formation: |
|  |
| *Printed Name* | *Signature* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:**  | **☐ Extended Excused Absence** | **☐ Infirm** | **☐ Isolate** | **☐ Leave of Absence (LOA)** |
|  |  *From To* |  |  |  |  |

|  |
| --- |
|  Reason:  |
|  |
| President or Director of Formation: |
|  |
| *Printed Name* | *Signature* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:**  | **☐ Extended Excused Absence** | **☐ Infirm** | **☐ Isolate** | **☐ Leave of Absence (LOA)** |
|  |  *From To* |  |  |  |  |

|  |
| --- |
|  Reason:  |
|  |
| President or Director of Formation: |
|  |
| *Printed Name* | *Signature* |

**Section IV: Vow**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vow made on: | Click or tap here to enter text. | Presider: |  | Location: |  |
|  |  |  |  |
| President or Director of Formation: |
|  |
| *Printed Name* | *Signature* |

**Section V: Departure from the OCDS**

|  |
| --- |
| **DEPARTURE FROM COMMUNITY (NOT PROFESSED):** |
| Member not admitted to: |  | Date: |  |
| Council’s negative decision? (Y/N): |  | (not eligible for readmission) |  |
| Member’s voluntary decision? (Y/N): |  | (eligible for readmission) |  |
| Reason: |
|  |
| President or Director of Formation: |
|  |
| *Printed Name* | *Signature* |
|  |  |
| **RELEASE FROM FIRST PROMISE:** |
| Eligible to return at a future date? (Y/N): |  |  Date: |  |  |
| Reason: |
|  |
| President or Director of Formation: |
|  |  |
| *Printed Name* | *Signature* |
| Signature of Member: |  | Date: |  |
|  |
| **VOLUNTARY REQUEST FOR RELEASE FROM DEFINITIVE PROMISE AND MEMBERSHIP:** |
| **Not eligible to return at a future date.** |  Date: |  |  |
| Reason: |
|  |
| President or Director of Formation: |
|  |  |
| *Printed Name* | *Signature* |
| Signature of Member: |  | Date: |  |
|  |
| **INVOLUNTARY DISMISSAL (NOT ELIGIBLE FOR RE-ADMITTANCE TO OCDS):** |
|  Date: |  |  |
| Reason:  |
| President or Director of Formation: |
|  |  |
| *Printed Name* | *Signature* |
| Signature of Member: |  | Date: |  |
|  |
| **DECEASED ON:**  |

**Section VI: Transferred (Attach Transfer Form)**

|  |  |  |  |
| --- | --- | --- | --- |
| Into the Community from: |  | Date: |  |
| Out of the Community to: |  | Date: |  |