***Applicant****: Complete Section I, sign and date, then send a copy to both your community of origin and to the community to which you wish to transfer.*

***Community of Origin****: Complete Section II, sign, date, then send back to the receiving community together with a copy of the applicant’s OCDS Permanent Record Form, if applicable.*

***Receiving Community****: Complete Section III after the applicant attends at least 6 meetings and your Council has voted whether to admit. Sign, date, then send a copy to the Community of origin and to the Central Office. Give a signed copy to the applicant.*

**Section I: To be filled out by Applicant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Full Name:** |  |  |  | **Date:** |  |
|  |  *Last* | *First* | *M.I.* |  |  |
|  Address: |  |
|  |  |
|  Email Address: |  |
|  Phone: |  |  Phone: |  |  Phone: |  |
|  | *Cell* |  | *Home* |  | *Work* |
|  I wish to transfer to the Community of: |  |
|  Located in: |  |
|  For the following reasons: |  |
|  |
|  **Receiving Community Contact Information:** | **Date:** |  |
|  President: |  |  |
|  |
|  Address |  |
|  |
|  Email Address: |  |
|  Phone: |  |  Phone: |  |  Phone: |  |
|  | *Cell* |  | *Home* |  | *Work* |
|  **Community of Origin Contact Information:** | **Date:** |  |
|  President: |  |
|  |  |  |
|  Address: |  |  |
|  |  |  |  |
|  Email Address: |  |
|  Phone: |  |  Phone: |  |  Phone: |  |
|  | *Cell* |  | *Home* |  | *Work* |
|  **Applicant’s Current Status:** |
|  |
|  Received the Scapular on: |  |
|  First Promise on: |  |
|  Definitive Promise on: |  |
|  If vow (date): |  |
|  Applicant’s Signature: |   |  Date: |  |
|  |  |  |  |

**Section II: To be filled out by the OCDS Community of Origin**

|  |  |
| --- | --- |
| The Current Status of the applicant given in Section I is accurate (Y/N): |  |
| Enter the number of meetings attended in the two years prior to the applicant’s attendance at the meetings of the receiving community: |  |
| List the formation studies completed by the applicant in the last two years: |  |
|  |
|  |
| Upon acceptance into the receiving community, the Council releases (name): |  |
| **NOTE: An applicant who is unable to attend meetings of the community of origin due to distance remains a member of that community as an Isolate until a receiving community votes to admit.** |
| President’s Signature |  | Date: |  |
|  |

**Section III: To be completed by the Receiving OCDS Community**

|  |
| --- |
| The applicant has attended at least 6 Community meetings, and the Council has voted to: |
|  |
| Admit |  | as a member of this community. |
|  |
| Not to admit: |  |  at this time. |
|  |
| President’s Signature: |  | Date: |  |
|  |

|  |  |
| --- | --- |
| **A copy of this Form was sent to the community of origin on (date)**: |  |
|  **A copy of this Form was given to the applicant on (date):** |  |