***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):** |  |