

THE FRANCISCAN ORDER OF THE DIVINE COMPASSION

(an Ecumenical Anglican Religious Order)

APPLICATION FOR ADMISSION AS A POSTULANT

(CONFIDENTIAL INFORMATION REQUIRED BY THE ORDER)

"As a living testimonial to today's ecumenical accords, this Order is open for membership to all baptized and confirmed like-minded Christians who, in addition to any other requirements that may from time to time be deemed necessary to assure the unity and discipline of the Order: 1) are communicant members (in good standing) of Churches within the Anglican Communion and Continuing Anglican Churches with valid Apostolic succession; 2) are at least eighteen years of age; and, 3) believe themselves to be called by the Holy Spirit to a life of prayer, study, and work after the example of St. Francis as described in the documents and taught by the Order; and 4) are fully committed to the historic Catholic faith as defined in The Credenda of the Order, and are willing to give written evidence thereof in the required manner.

"Persons meeting the test of faith established in The Credenda but not meeting all other membership requirements who nevertheless still feel themselves called to seek admission to the Order may be admitted by the Minister-General . . ." The Liber Ordinarius (The Constitution), Section 29 "Of Membership", page 42-43.

Please return Completed Form, a Letter of Recommendation from your parish priest and the Fifty Dollar (\$50.00) registration fee to:

**Br. Peter Stephen, OSF
Secretary-General
4125 River Birch Road
Fort Worth, Texas, USA**

The \$50.00 registration fee is to cover the cost of Postulant Training Material that will be forwarded to the aspirant. Upon clothing as a Novice an additional fee will be due to the Franciscan Order of the Divine Compassion (an Ecumenical Anglican Religious Order), to cover the cost of the Novice Lessons. If the aspirant is not accepted as a postulant of the Order the registration fee will be returned.

(Please type or print information requested)

I. PERSONAL DATA

Name: _____

Mailing Address: _____

City, State/Prov.: _____

Zip/Postal Code : _____ Country (if not USA) _____

Home Phone (with area code/country code): () _____

Work Phone (with area code/country code): () _____

Fax Number (with area code/country code): () _____

Email address: _____

Date of Birth: Month: ____ /Day: ____ /Year: ____ Age: ____ Marital Status: _____

If Divorced, Total Number of Marriages _____

Place of Birth (City, State, Country): _____

Name of Spouse: _____

Names and Ages of Minor Children: _____

Your Occupation: _____

Date of Baptism: ____/____/____ Denomination: _____

Date of Confirmation: ____/____/____ Denomination: _____

Ordination History, if any: [Please list ALL Ordinations and include: Date, Order (i.e., Deacon, Priest, etc.), Denomination, and Name of Person by whom you were ordained]

- 1] _____
- 2] _____
- 3] _____

Have you ever been a member of another Order: Yes _____ No _____ If YES, Name of Order: _____

Mailing Address of Order: _____

Telephone Number of Order: () _____

Status: Postulant() Novice () Professed () Associate()

Date of Reception at that Membership Stage: _____

Religious Denomination of Order: _____

To which Fraternal Organizations do you belong?

Name, Address and Telephone Number of your Spiritual Director: **(All applicants must answer this question)**

II. PARISH DATA

Name of Church: _____

Priest/ Pastor: _____

Address of Church: _____

Phone Number: () _____ Denomination: _____

Are you a Communicant Member of the Church, in Good Standing? Yes: ____ No: ____

How long have you been attending the above Parish? _____

What are your activities within the Parish? _____

III. VOCATIONAL CALLING AND FAITH COMMITMENT

Do you believe that you are called by the Holy Spirit to a life of Prayer, Study, and Work, after the example of St. Francis, and are you willing to be instructed in the Franciscan Way of Life as taught by the Order? Yes: _____ No: _____

Do you believe yourself to be fully committed to the historic catholic faith as defined in the Credenda of the Order, [a copy of which has been furnished you] and are you willing to give written evidence thereof

in the required manner [by signing the Affirmation of Novice at the end of the Credenda when requested to do so by the Order]? Yes: _____ No: _____

What are your expectations from the Franciscan Order of the Divine Compassion? [Add an additional sheet of paper if necessary.]

IV. CRIMINAL HISTORY, DRUG, ALCOHOL USE AND MENTAL HEALTH [ALL QUESTIONS MUST BE ANSWERED. "YES" ANSWERS MUST BE EXPLAINED ON AN ADDITIONAL SHEET OF PAPER. "YES" ANSWERS WILL NOT NECESSARILY DISQUALIFY YOU FOR MEMBERSHIP IN THE ORDER]

Have you ever been convicted of a crime? Yes: _____ No: _____

Have you ever been involved in the illegal possession, use, purchase, manufacture, trafficking, production, or sale of any controlled substance, narcotic, depressant, stimulant, hallucinogen, or cannabis? Yes: _____ No: _____

Has your use of alcoholic beverages [such as beer, wine, liquor] ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcohol-related treatment or counseling such as for alcohol abuse or alcoholism? Yes: _____ No: _____

Have you ever been treated for mental, emotional, psychological, or personality disorder/condition or problem? Yes: _____ No: _____

Have you ever consulted or been counseled by any mental health professional? Yes: ___ No: ___

Signature _____

Date: _____

I have included the following with my application:

____ Letter of Recommendation from my parish priest.

____ Fifty dollar Registration fee

RELEASE OF INFORMATION AND AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

(Aspirants for Postulancy must complete this form)

In the Name of the Father and of the Son and of the Holy Spirit. Amen.

The Information I have provided on this application is accurate to the best of my knowledge. [Any misrepresentation or deliberate omission of any fact in my application or other materials will be justification for refusal of postulancy].

I voluntarily authorize The Franciscan Order of the Divine Compassion to verify the above information pertaining to this application and release from liability all persons or entities supplying or collecting such information.

This release is valid for 120 days from the date signed.

Copies of this authorization that show my signature are as valid as the original release signed by me.

Typed or Printed Name (Last, First, Middle)

Date of Birth: ____/____/____ Social Security No.: _____

Current Home Street Address: _____

Current Home City, State/Prov., ZIP Code: _____

Fax# _____ Email address _____

Signature of Applicant for Admission

Date: _____

Form: FODCapp