

Abbey of Saint Mary Theotokos

Catholic Order of Franciscans Ecumenical (COFE)

Membership Application

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Website: _____

Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Membership Category: _____ Catholic Priest

Catholic Ordination Status:

Deacon: Ordination Date: _____ Bishop: _____

Ordaining Arch/Diocese/Religious Order: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Email: _____

Priest: Ordination Date: _____ Bishop: _____

Ordaining Arch/Diocese/Religious Order: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Email: _____

Education: (Optional)

Degrees

1. Institution: _____ Degree: _____ Date: _____

2. Institution: _____ Degree: _____ Date: _____

3. Institution: _____ Degree: _____ Date: _____

Promise (initial):

_____ I promise to live the Franciscan "Rule of Life" of the Order and to assist the Order to accomplish its mission and goals for Married Roman Catholic priests.

Declaration (initial):

_____ I declare that the above information is correct and accurate.

Authorization (initial):

_____ I authorize the Order of Franciscans Ecumenical to verify any information listed above or in a background check, as may be the case.

Disclaimer (initial):

_____ The Order of Franciscans Ecumenical does not assume any legal responsibility for its members.

Signature of Applicant: _____ Date: _____

Email COFE Completed Membership Application To:

Abbot@FranciscansEcumenical.org