

Secular Franciscan Order
National Fraternity--USA
REPORT OF ELECTION

Region (Fraternity) Name: _____ # _____
Place of Election: _____ Date: _____
Secretary of Elections: _____
Tellers: (1) _____ (2) _____
Presider – Fraternal Witness: _____
Spiritual Assistant Witness: _____
#Voting: _____

RESULTS OF ELECTION

Minister: _____
Address: _____
Phone: _____ - _____ - _____ E-MAIL: _____
Vice Minister: _____
Address: _____
Phone: _____ - _____ - _____ E-MAIL: _____
Secretary: _____
Address: _____
Phone: _____ - _____ - _____ E-MAIL: _____
Treasurer: _____
Address: _____
Phone: _____ - _____ - _____ E-MAIL: _____
Formation Director: _____ Elected _____ Appointed _____
Address: _____
Phone: _____ - _____ - _____ E-MAIL: _____

Attested to (Please sign): Secretary of Election: _____

Spiritual Assistant Witness: Presider

Teller (1)

Teller (2)

Page 2 (if needed)

Councilor (1) _____ Elected ____ Appointed

Address _____

Phone: _____ - _____ - _____ E-MAIL _____

Councilor (2) _____ Elected ____ Appointed

Address: _____

Phone: _____ - _____ - _____ E-MAIL _____

Councilor (3) _____ Elected ____ Appointed

Address:

_____ Phone:

_____ - _____ - _____ E-MAIL _____