

ST. ELIZABETH OF HUNGARY REGION

Local Fraternity Information Update

Fraternity: *(name,city,state)* _____

Meeting Location: *(church, hall, city)* _____

Meeting Day _____ Meeting Time _____

Name, Address, Phone, Email of 2nd contact person for your fraternity:

Name of person who would like to update your fraternity NAFRA database (email address and internet access required). Access permission comes through Regional Minister. Please request. Any database changes also require notification to the Regional Secretary.

Spiritual Assistant: *(name, address, phone, email)*

Appointed by: _____ **Date** _____

SFO ordained Deacon/Priest – Date of Ordination: _____

Bishop _____

Diocese _____

***Please submit to Regional Minister when
any of the above information changes.***

Submission Date: _____