



Lay Carmelite Office

Telephone: (845) 344-2474
E-mail: laycarmelitessel@carmelites.com

TRANSFER REQUEST BETWEEN PROVINCES SEL to PCM

I, _____, request a **transfer from** _____
(Member Name) (Community Name)

located in _____, of the Province of St. Elias **to**
(City and State)

_____ located in _____ of the Province of
(Community Name and #) (City and State)

the Most Pure Heart of Mary. Date of request: _____

Address of Member Making Request: _____

Final Profession Date: _____ or Temp. Profession _____ or Reception _____

Reason For Request

To Be Filled Out by the Director of Current Community

Has this member been active and in good standing? ___ If not, please explain or contact office to discuss request.

Signature of Director _____ means approval of transfer.

To Be Filled Out by the Director of the Community you wish to transfer to:

Signature of New Director _____ means approval of transfer.

Mail form to Lay Carmelite Office for final approval after above is completed.

Approved: _____ Date: _____
(Provincial Delegate or Provincial Coordinator – St. Elias)

(Provincial Delegate or Provincial Coordinator – Most Pure Heart of Mary)

Transfer Form will then be sent to Director of accepting community for their records. CC SEL