



Regional Fraternity of Eastern Canada Information for Fraternal Visit

1. Our Fraternity Name: _____
2. Name and Address of Meeting Place: _____

3. The following items are our Fraternity records that will be presented to the Visitor for examination (Please check each that is ready. Originals please; no photocopies. Thanks!)

	Register of Minutes for Council Meetings
	Register of Minutes for Fraternity Meetings
	Financial Ledger
	Bank Book
	Fraternal Budget
	Directory of Members
	Record of Attendance
	Profession Register
	Register of Correspondence
	Accessible Library Resources for Members
	Photo Album/Scrapbook of Fraternity Activities
	Other

4. Name of last Pastoral Visitor(s) _____
5. Frequency of regular Fraternity meetings _____
6. Frequency of Council meetings _____
7. Other gatherings of our Fraternity and their frequency _____

8. Fraternity membership a) Number of Members _____
 b) Usual number who regularly attend meetings _____
9. Our last Fraternity contribution to the expenses of the higher lever fraternities (through the Regional Fraternity of Eastern Canada) was paid on _____.
The amount was \$ _____. This represented \$ _____ per member.
10. Number of minutes during our regular Fraternity meeting devoted to: Prayer _____;
Ongoing formation _____; Social _____; Business _____; Other _____.
11. Materials used for Initial Formation: _____;
for Ongoing Formation: _____.

12. Number of persons currently in Formation: Period of Inquiry: _____.
 Period of Candidacy: _____.
13. Format of ongoing formation used at our regular Fraternity meetings _____
 _____.
14. Briefly describe how Inquirers and Candidates are assessed for signs of an authentic vocation to the Secular Franciscan Order prior to entering the next phase of formation:

15. Name of our Spiritual Assistant _____.
16. Role of our Spiritual Assistant at Council meetings _____
 _____.
17. Role of our Spiritual Assistant at regular Fraternity meetings _____
 _____.
18. The current Council was elected in _____. *Normally, Councilors may be elected for two consecutive terms of 3 years each. A third term requires a two-thirds majority on the first ballot (General Constitutions Article #79).* However, Covid has required flexibility on all of our parts! Please check the appropriate box beside the name of each Councilor.

Office	Name	1 st Term	2 nd Term
Minister			
Vice-Minister			
Secretary			
Treasurer			
Formation Director			
Youth Coordinator			
JPIC Coordinator			

19. Please outline the strengths of your Fraternity as you see them. (Use another sheet if you wish) _____
20. Please outline the concerns or issues that need to be addressed. _____

21. Any other comments:

Minister's Signature
