OPUS SANCTORUM ANGELORUM

FORMATION BOOK RECEIVED?								
	YES		NO					

164 Apollo Rd SE; Carrollton, OH 44615

Tel: (330) 969-9900

e-mail: confraternity@opusangelorum.org

Application

for admission into the <u>FORMATION YEAR</u> toward the Consecration to the <u>HOLY GUARDIAN ANGEL</u> and Membership in OA

Please do not submit without a photo. You may take it with your phone and email it.

Photo

o he filled i	by the Candidate (please prin	nt legihly or in bloc	·k letters)·		Pnoto			
o be filled by the Candidate (please print legibly or r./Mrs./Miss First Name:			Last Name:	Date of Birth:				
aptized as a R	oman Catholic on (approx):	Confirmed on	approx):	□ single □ widow □ Priest/				
ddress: (Street)		(City, State, Zi	(City, State, Zip)		Occupation:			
elephone:		E-Mail: PRIN	E-Mail: PRINT VERY CLEARLY!!!					
hen and how	v did you first learn of the Work	of the Holy Angels?						
ıve you alre	ady made consecrations in the W	ork of the Holy Ang	els? (which and when?)					
e you a mer	nber in other canonical institutes	s? (If yes, in which? e	.g. Third Order Carmelite	e, etc.)				
	vant to enter into the formation y (One full paragraph or more.)		secration to the Guardian	Angel and member	ship in the Work of th			
iereby re	quest admission into the f	formation year t	oward the Consecra	tion to the Holy	y Guardian Angel			
	Signature	at _	DI	on	D. (
you are a 1	religious you need permission				Date			
_	leted by a priest of the Ord							
vent App	lied:	Acce	Signature of a Pries	t of the Order of the	Holy Cross DATE			
icilitator:			R	egistered:				
				<u></u>				