Sisters of St. Francis
of Mary Immaculate

Parents and Sibling Information

Form #1

List name, current address, phone number, and email of all immediate family members. **List all siblings in birth order, placing your name in the appropriate place in the family order.** Give names of brother(s)-in-law and sister(s)-in-law. If a family member is deceased, please mark the date.

PLEASE PRINT OR TYPE

YOUR NAME _____

DATE _____

1.
Name _____ Relationship **MOTHER**
Address _____ Home Phone _____
City _____ Cell Phone _____
State, Zip _____ Work Phone _____
Email _____ Date if Deceased _____

2.
Name _____ Relationship **FATHER**
Address _____ Home Phone _____
City _____ Cell Phone _____
State, Zip _____ Work Phone _____
Email _____ Date if Deceased _____

3.
Name _____ Relationship _____
Address _____ Home Phone _____
City _____ Cell Phone _____
State, Zip _____ Work Phone _____
Email _____ Date if Deceased _____

4.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

5.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

6.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

7.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

8.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

9.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

10.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

11.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

12.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

13.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

Sisters of St. Francis
of Mary Immaculate

Family / Friend Emergency Information

Form #2

In case of emergency, sickness or death, these are the people I would like the congregation to contact. (Example: Nieces, nephews, good friends)

PLEASE PRINT OR TYPE

YOUR NAME _____

DATE _____

1.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

2.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

3.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

4.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

5.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

6.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

7.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

8.

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State, Zip _____ Work Phone _____

Email _____ Date if Deceased _____

Sr. _____

Sisters of St. Francis
of Mary Immaculate

Medical Information Form

RELIGIOUS NAME _____ DATE OF BIRTH _____

LEGAL NAME _____ TODAY'S DATE _____

ADVANCE DIRECTIVES, ETC. CHECK BOX IF "YES"

- ❑ I HAVE SIGNED A LIVING WILL
- ❑ I HAVE SIGNED A DURABLE POWER OF ATTORNEY
- ❑ I HAVE SIGNED A DNR (DO NOT RESUSCITATE)
- ❑ I AM A RUSH STUDY PARTICIPANT
- ❑ I TAKE A PRESCRIPTION BLOOD THINNER
- ❑ I AM AN ORGAN / TISSUE DONOR
- ❑ ONLY THE FOLLOWING ORGANS _____

PHYSICIANS

NAME	AREA OF CARE	PHONE

ALLERGIES

_____

_____

_____

MEDICAL DIAGNOSIS [CONDITIONS]

_____

_____

_____

_____

SIGNIFICANT SURGERIES / REPLACEMENTS

KIND OF SURGERY	DATE

MEDICATIONS

NAME	BRAND NAME	DOSE	FREQUENCY	PURPOSE

EMERGENCY CONTACT INFORMATION

NAME	PHONE	RELATIONSHIP
		POWER OF ATTORNEY
		COORDINATOR
SR. JEANNE BESSETTE	708-912-6930	PRESIDENT

ADDITIONAL MEDICATIONS

NAME	BRAND NAME	DOSE	PURPOSE

ADDITIONAL PHYSICIANS

NAME	AREA OF CARE	PHONE

Address: 1433 Essington Road, Joliet IL
Phone: 815-725-8735 / Fax: 815-725-8648 / Keep on your refrigerator in plastic pouch 6/2025

Sisters of St. Francis
of Mary Immaculate

Declaration of Intent for Organ/ Tissue Donation by a Living Donor

Form #4

Information for your Local Coordinator and General Secretary (Please complete all that are applicable. Please mail, fax or email to the General Secretary. This sheet will be copied and sent to your Local Coordinator)

PERSONAL

Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Home Fax _____

Email _____ Birthday (Mo. & Day)_____

I, Sister _____ declare my intent to donate my _____ [specific organ or tissue] in accord with my Donor Registry Form as completed and recorded in the State of _____ on _____ 20___ .

I have attached a signed copy of my Donor Registry Form.
I have attached all necessary medical forms attesting to the condition of my health and my suitability as a living donor.
If appropriate, I have identified the recipient of my organ/tissue donation.
I have attached a brief statement explaining my reasons for being a donor at this time.
I have attached a declaration regarding my understanding of the potential health risks.
I have attached a declaration regarding insurance and coverage of costs related to the donation procedure, hospitalization and recovery.
I have discussed my decision with my Local Coordinator and my family members.

_____ _____

Signature of Sister Date

Sisters of St. Francis
of Mary Immaculate

Declaration of Intent for Organ / Tissue Donation by a Deceased Donor

Form #5

Information for your Local Coordinator and General Secretary (Please complete all that are applicable. Please mail, fax or email to the General Secretary. This sheet will be copied and sent to your Local Coordinator)

PERSONAL

Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Home Fax _____

Email _____ Birthday (Mo. & Day) _____

I, Sister _____ declare my intent to donate my organ(s) and/or tissue(s) in accord with my Donor Registry Form as completed and recorded in the State of _____ on _____ 20___ .

I have attached a signed copy of my Donor Registry Form and a copy of my Driver's License or State Identification indicating my Donor Status.

I have discussed my decision with my Local Coordinator and my family members.

_____ _____

Signature of Sister Date

Address: 1433 Essington Joliet, IL 60435
Phone: 815-725-8735 / Fax: 815-725-8648 / Return to the appropriate Councilor

Sisters of St. Francis
of Mary Immaculate

Bequest of Body/Organs for Scientific Research

Form #6

Information for your Local Coordinator and General Secretary (Please complete all that are applicable. Please mail, fax or email to the General Secretary. This sheet will be copied and sent to your Local Coordinator)

Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Home Fax _____

Email _____ Birthday (Mo. & Day) _____

I, Sister _____ desire to make my body or portion thereof available to further the advancement of medical education and research. I therefore, give my body to _____ (indicate research institution, eg. Mayo Clinic, Rochester, Minnesota) and direct that it or its appointees use my body and/or any portion thereof as it sees fit for medical, scientific or educational purposes. [Please attach contact information.]

I hereby direct the President/General Superior of the Sisters of St. Francis of Mary Immaculate, or the executor or administrator of my estate, or other person who handles my affairs following my death to communicate with the appropriate persons associated with _____ (indicate research institution, eg. Mayo Clinic, Rochester, Minnesota) regarding the handling of my body and its transportation immediately following death.

In the event that I should die at some place distant from _____ (indicate research institution, eg. Mayo Clinic, Rochester, Minnesota) and it is determined by representatives of this research institution that it is either impractical or impossible to ship my body or portion thereof, I hereby direct the President/General Superior of the Sisters of St. Francis of Mary immaculate, or my executor, administrator or other person handling my affairs at my death to donate my body to any medical, scientific or educational institution or organization authorized to receive the same for any of the purposes set forth herein above. I request that the Congregation negotiate with the research institution the disposition of my bodily remains in accord with our Christian beliefs and our Franciscan burial customs. On this _____day of _____ , 20___ .

Signature of Sister _____

This declaration was made by _____
in our presence and we in her presence and in the presence of each other, believing her to be of sound and disposing mind, we witness to her declaration.

Witness Signature _____
residing at _____
Witness Signature _____
residing at _____

_____

Sisters of St. Francis
of Mary Immaculate

Professional Study, Continuing Course Work or Enrichment / Inservice

Form #7

Application for Enrichment, etc.

Date Submitted_____

Name _____

Address _____
Street Number City State Zip

Phone Numbers _____
Residence Ministry

Email Address _____

Present Ministry_____

Position _____

Place of Ministry _____

Length of time at this place of ministry _____

Length of time in this type of ministry _____

REQUEST:

☐ Professional Study ☐ Continuing Course work ☐ Enrichment / Inservice

☐ Full-time Study ☐ Part-time Study ☐ Part-time Study/Full-time Ministry

Beginning_____ Ending_____

For:

Field of Study_____

Type of Program _____

Specialization _____

Description of Enrichment / Inservice _____

Name of College, University or Place of Study _____

Please fill out all areas which apply to your request.

What are your reasons for asking to study at this time?

What ministry and setting are foreseen after the completion of this study?

How will this education be used to further OSF mission statement and goals; the direction of the Church?

What is your reason for requesting full-time study in contrast to part-time?

Can this study be accomplished on a part-time or summer basis?

If your application for study is refused this year, what ministry will you pursue?

Complete the following, giving information about degrees, certifications, licenses which you currently hold:

Type	**University/Institution**	**Year Completed**

Sisters of St. Francis
of Mary Immaculate

Application for Sabbatical

Form #8

Date Submitted_____

Name _____

Address _____
Street City State Zip

Home Phone _____ Ministry Phone _____

Email _____

PRESENT MINISTRY

Position_____

Place of ministry_____

Years in present ministry _____

REQUEST

Professional / Ministerial Sabbatical

Beginning _____ Ending_____

Personal / Renewal Sabbatical

Beginning _____ Ending_____

FOR

Type of Program: (Describe)

Self-structured _____

_____

Program _____

_____

_____

_____

Location _____

If you choose a program, what is the date by which your application must be submitted?

_____

What are your reasons for requesting a sabbatical at this time?

How do you foresee this sabbatical experience enhancing your life and mission in the congregation? In the Church?

What have you done in the past years for personal renewal and professional growth?

What ministry and setting are foreseen after completion of this sabbatical?

If your application for a sabbatical is refused this year, what ministry will you pursue?

How do you envision bonding with the congregation during your time of sabbatical?

The sister will work with her Coordinator to prepare a budget.

Sisters of St. Francis
of Mary Immaculate

Application for Foreign Travel

Form #9

Please complete this form in duplicate and return both copies to your Local Coordinator. If this trip is approved, you will be asked for more specific contact information.

Name _____

Address _____

City, State, Zip _____

Date of Departure _____ Date of Return _____

Destination (list all countries)	Dates From	To

Purpose of trip

_____

_____

_____

_____

Funding you need from the Congregation $ _____

Amount of Congregation funding for this request $ _____

Signature of Local Coordinator _____

Address: 1433 Essington Joliet, IL 60435
Phone: 815-725-8735 / Fax: 815-725-8648 / Return to the appropriate Councilor

Dates of Last Course Completion:

65 to 69, Driver Awareness Course was taken _____

70 to 79, AARP 55 Alive Defensive Driving Course was taken _____

80 and over, Proficiency Road Test was taken_____

I have read this policy and understand my responsibilities as an insured driver of the Sisters of Saint Francis of Mary Immaculate.

Signature:_____ Date: _____

RETURN TO BUSINESS OFFICE