



Patriarchal Basilica of Saint Mary Major

Fraternitas Internationalis

Mater Dei et Ecclesiae

F. I. M. D. E.

REQUEST FOR ADMISSION

The undersigned

Name _____

Last Name _____

Address _____

City _____ Prov. _____ Zip Code _____

Tel. _____ Cell. _____

E-Mail _____

Date of birth _____

Place of birth _____

Profession _____

Asks to be admitted to the Fraternitas Internationalis Mater Dei et Ecclesiae (F.I.M.D.E.), and commits himself/herself to observe the Statute and agrees that he/she has carefully read it.

SEND THE COMPLETED FORM FOR ADMISSION BY FAX TO **06 69894505** OR SEND IT TO "FRATERNITAS MATER DEI ET ECCLESIAE", VIA LIBERIANA 27, 00185 ROMA. ALTERNATIVELY, IT IS POSSIBLE TO SEND IT TO THE FOLLOWING E-MAIL ADDRESS: **FIMDE@LIBERO.IT**.

Date _____

SIGNATURE _____