

Instructions

- 1. Download Form
- 2. Rename Form "2019 District XX" (your district number)
- 3. Complete Form and Save it to your computer
- 4. Email saved form to forms@wikofc.com
- 5. Include in subject line "2019 Directory District XX" (your district number)
- 6. If unable to email; mail completed form to:

Wisconsin State Council Knights of Columbus Attn: 2019 Directory 4297 West Beltline Highway Madison, WI 53711

District Nr:

District Deputy N	ame:			Council #:
Wife:	First	Name	Last Name	
Address:				
City:	Street	ZIP:	Apartment #	
Home Phone:		Cell Phone	e:	
Email:				
District Warden N				Council #:
Wife:	First	Name	Last Name	
Address:			Apartment #	
City:		ZIP:		
Home Phone:		Cell Phone	e:	
Email:				

#1 Council Nr:	Name:	Meeting Day/Time:	
• Chaplain:			
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
• Grand Knight:		Wife:	
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
• Financial Secretary:		Wife:	
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
#2 Council Nr:	Name:	Meeting Day/Time:	
• Chaplain:			
• Chaplain: Address:		City:	ZIP:
	Cell Phone:		ZIP:
Address:			ZIP:
Address: Home Phone:			ZIP:
Address: Home Phone: Email:		City:	ZIP: ZIP:
Address: Home Phone: Email: • Grand Knight:		City: Wife:	
Address: Home Phone: Email: • Grand Knight: Address:	Cell Phone:	City: Wife:	
Address: Home Phone: Email: • Grand Knight: Address: Home Phone:	Cell Phone: Cell Phone:	City: Wife:	
Address: Home Phone: Email: • Grand Knight: Address: Home Phone: Email:	Cell Phone: Cell Phone:	City: Wife: City:	
Address: Home Phone: Email: • Grand Knight: Address: Home Phone: Email: • Financial Secretary:	Cell Phone: Cell Phone:	City: Wife: City: Wife:	ZIP:

#3 Council Nr:	Name:	Meeting Day/	Time:	
• Chaplain:				
Address:		City:		ZIP:
Home Phone:	Cell Phone:			
Email:				
Grand Knight:			Wife:	
Address:		City:		ZIP:
Home Phone:	Cell Phone:			
Email:				
• Financial Secretary:			Wife:	
Address:		City:		ZIP:
Home Phone:	Cell Phone:			
Email:				
#4 Council Nr:	Name:	Meeting Day/	Time:	
#4 Council Nr: • Chaplain:	Name:	Meeting Day/	Time:	
	Name:	Meeting Day/	Time:	ZIP:
• Chaplain:	Name: Cell Phone:		Time:	ZIP:
• Chaplain: Address:			Time:	ZIP:
• Chaplain: Address: Home Phone: Email:			Time: Wife:	ZIP:
• Chaplain: Address: Home Phone:				ZIP: ZIP:
 Chaplain: Address: Home Phone: Email: Grand Knight: 		City:		
 Chaplain: Address: Home Phone: Email: Grand Knight: Address: 	Cell Phone:	City:		
 Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone: 	Cell Phone: Cell Phone:	City:		
 Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone: Email: 	Cell Phone: Cell Phone:	City:	Wife:	
 Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone: Email: Financial Secretary: 	Cell Phone: Cell Phone:	City: City:	Wife:	ZIP:

#5 C	ouncil Nr:	Name:	Meeting Day/Time:	:
•	Chaplain:			
	Address:		City:	ZIP:
	Home Phone:	Cell Phone:		
	Email:			
٠	Grand Knight:		Wife	e:
	Address:		City:	ZIP:
	Home Phone:	Cell Phone:		
	Email:			
•	Financial Secretary:		Wife	2:
	Address:		City:	ZIP:
	Home Phone:	Cell Phone:		
	Email:			
#6 C	ouncil Nr:	Name:	Meeting Day/Time:	:
#6 C •	ouncil Nr: Chaplain:	Name:	Meeting Day/Time:	:
		Name:	Meeting Day/Time: City:	ZIP:
	Chaplain:	Name: Cell Phone:		
	Chaplain: Address:			
	Chaplain: Address: Home Phone: Email:			ZIP:
•	Chaplain: Address: Home Phone: Email:		City:	ZIP:
•	Chaplain: Address: Home Phone: Email: Grand Knight:		City: Wife	ZIP:
•	Chaplain: Address: Home Phone: Email: Grand Knight: Address:	Cell Phone:	City: Wife	ZIP:
•	Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone:	Cell Phone:	City: Wife	ZIP: e: ZIP:
•	Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone: Email:	Cell Phone:	City: Wife City:	ZIP: e: ZIP:
•	Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone: Email: Email:	Cell Phone:	City: Wife City: Wife	ZIP: e: ZIP: