

2019-2020
DIRECTORY INFORMATION
SHEET Due: June 15, 2019



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 Name:

Council #:

Wife: First Name Last Name

Address:

Street Apartment #

City: ZIP:

Home Phone: Cell Phone:

Email:

District Warden Name:

Council #:

Wife: First Name Last Name

Address: Apartment #

City: ZIP:

Home Phone: Cell Phone:

Email:

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#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:**
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:

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#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:		
• 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:				

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#5 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:

#6 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: