



KNIGHTS OF COLUMBUS

KNIGHT *of the* YEAR

A. Personal Data

Member's Name: _____ Membership Number: _____

Home Address: _____

Home Telephone: _____ Business Telephone: _____

Parish: _____ Pastor: _____

Parish Address: _____

Parish Telephone: _____

B. Knights of Columbus Data

Council: _____
(Council Name) (Council Number)

Council Address: _____

Grand Knight: _____ Grand Knight Telephone: _____

C. Involvement

Explain the member's involvement within the Knights of Columbus:

Explain the member's involvement within the Church:

KNIGHTS OF COLUMBUS
KNIGHT of the YEAR

C. Involvement (Continued)

Explain the member's involvement within the community:

Explain why this member was chosen as the "exemplary" member in your council:

Why does this member deserve the distinction of being named "Knights of the Year"?

For State Council Use Only:

This member has been chosen state/provincial "Knight of the Year."

Attest: _____
(State Deputy)

SUBMIT ORIGINAL TO: State Deputy

KEEP COPY FOR: Council File

KY(p)-NV 12/2012 THIS FORM MAY ONLY BE COMPLETED, PRINTED OUT AND SUBMITTED THROUGH MAIL