



Knights of Columbus
INDIANA STATE COUNCIL
MONTHLY DECEASED BROTHERS REPORT

SUBMIT: As Needed

Council Number _____ Council Name: _____

Council Location _____

Date Form is Submitted _____

Names and Dates of Death of Deceased Brothers (Please Print):

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Signed _____

(Grand Knight or Financial Secretary)

MAIL TO: State Church Director
COPIES TO: District Deputy
Council Files