

IN-DB2



Knights of Columbus
INDIANA STATE COUNCIL
MONTHLY DECEASED BROTHERS REPORT

SUBMIT: As Needed
Due by March 15th for
St. Convention

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 _____

(Please complete the Indiana Perpetual Memorial Society registration form enrolling our deceased loved ones)

In order for the deceased Knights to be remembered at our State Convention Memorial Mass, this report must be received by the State Family Director no later than March 15th.

Signed _____
(Grand Knight or Financial Secretary)

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

A fill-in version of this form is available online at
www.indianakofc.org/forms