

IN-OCL1



Knights of Columbus
INDIANA STATE COUNCIL

DUE BY: Feb. 28
To State Church Dir.

TIMOTHY P. GALVIN K.S.G.
OUTSTANDING CATHOLIC LAYPERSON AWARD
(Please Print or Type)

Council Number _____
submits the following nominee for the Timothy P. Galvin K.S.G. Outstanding Catholic Layperson Award:

Name: _____

Address: _____

Age: _____ Marital Status: _____ Married _____ Single _____ PHONE _____

If Married: Spouse's Name _____

Number of Children _____

Nominee's Occupation: _____

Parish: _____

Name and Address of Pastor: _____

Is nominee a member of the Knights of Columbus? _____ Yes _____ No.
(It is not required that the nominee be a member of the Knights of Columbus.)

If yes, his Council number and name: _____

List the organizations to which the nominee belongs and the qualifications that would entitle the nominee to be selected Outstanding Catholic Layperson of the Year. Use an additional page if necessary.

If possible, submit a letter of recommendation from the nominee's pastor.

Signed: _____ Council Number: _____
(Grand Knight)

SUBMIT TO: Indiana State Church Director
COPIES TO: District Deputy
Council Files