IN-OCL1



Knights of Columbus INDIANA STATE COUNCIL

DUE BY: Feb. 28

To State Faith Dir.

TIMOTHY P. GALVIN K.S.G. OUTSTANDING CATHOLIC LAYPERSON AWARD

(Please Print or Type)

Council Numbersubmit		ominee for the T	imothy P. Galvi	in K.S.G. Outstanding Catholic Layper	son Award:
Name:					
Address:					
Age: N	Marital Status:	Married	Single	PHONE	
If Married: Spo	ouse's Name				
Nu	mber of Children				
Nominee's Occ	upation:				
Parish:					
Name and Add	ress of Pastor:				
(The nominee r If yes, his Cour List the organiz	ncil number and na	K of C member time: e nominee belor	r, or the wife, da	No. aughter, sister, or mother of a member) ifications that would entitle the nomine an additional page if necessary.	 ee
If possible, sub	mit a letter of reco	ommendation fro	om the nominee'	s pastor.	
Signed:	(Grand Knight)		Cour	ncil Number:	
SUBMIT TO: COPIES TO:	Indiana State Fa District Deputy Council Files				7/2019

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