

IN-OCL2



Knights of Columbus

DUE BY: Feb. 28

INDIANA STATE COUNCIL

To State Faith 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.
(The nominee must be an Indiana K of C member, or the wife, daughter, sister, or mother of a member)

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 Faith Director
COPIES TO: District Deputy
Council Files