



***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