

IN-DB1



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 _____

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

Signed _____
(Grand Knight or Financial Secretary)

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

This form is available online at www.indianakofc.org/forms