INDIANA KNIGHT OF COLUMBUS PERPETUAL MEMORIAL SOCIETY

The Indiana Knights of Columbus Perpetual Memorial Society provides a way to remember and pray for our loved ones and friends. Anyone is welcome to enroll, anyone they choose (family, friends, loved ones) in the society. Next of kin will receive a letter of condolence if requested from the Perpetual Memorial Society Chairman. The donor will be sent an e-mail or letter of appreciation if desired for using the Perpetual Memorial Society as a way of remembering and praying for their loved ones for eternity.

The amount of the donation will never be revealed. Total donations that are deposited in the Christopher Fund at the Knights of Columbus Supreme Office will accumulate earnings. The earnings from the account is presented to our Indiana bishops on an annual basis.

The Indiana Knights of Columbus Perpetual Memorial Society maintains books that will be present at every Mass offered at functions of the Indiana Knights of Columbus. These books show the enrollee’s name, year of birth and death and are included at each Mass for the repose of their soul. If a single donation equal to or more than $200.00 is made, the Knights of Columbus commemorative cross will be shipped to the donor’s address. This cross is symbolic of the many charitable services of the Knights, acting out of love and works of mercy.

INDIANA K of C PERPETUAL MEMORIAL SOCIETY
Registration Form

Please Print
Please enroll: Name _____________________________________________ (Gender) Male or Female

Year of Birth __________________ Year of Death __________________

Enrollee was member of Council (Number) ____________ Assembly (Number) ____________

Donor’s Name(s)____________________________________________________

Address ______________________________________________________________

City, State, Zip ______________________________________________________

Donor’s thank you letter requested by (Check one): E-mail____ Mail____ None____

E-mail Address (If checked above) ______________________________________

Send Letter of Condolence to: Name ______________________________________

Address ______________________________________________________________

City, State, Zip ______________________________________________________

Who is the (Father, Mother, Husband, Wife, Son, Daughter, Brother, Sister, Other) of the deceased. (Circle one)

Please make your check payable to: Indiana State Council Knights of Columbus

Mail to: Family Director
Ryan Borden
19990 Athens Rd.
Troy, IN 47588

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

7/2019