



# CERTIFICATE of CREDENTIALS

## DELEGATES and ALTERNATES



District # \_\_\_\_\_ Indiana State Council, Knights of Columbus Council # \_\_\_\_\_

I Hereby Certify, that the following are the regularly elected delegates to memberships in the Indiana State Council, Knights of Columbus, for the fiscal year 2020.

### DELEGATES

1. Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance or Associate Member \_\_\_\_\_ Third Degree \_\_\_\_\_

_____ Miles@ \$.20 _____	2 Days @ \$25.00 _____	Total \$ _____
Roll Call – Saturday _____	Roll Call – Sunday _____	Please Do Not Write in this Box

2. Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance or Associate Member \_\_\_\_\_ Third Degree \_\_\_\_\_

_____ Miles@ \$.20 _____	2 Days @ \$25.00 _____	Total \$ _____
Roll Call – Saturday _____	Roll Call – Sunday _____	Please Do Not Write in this Box

### ALTERNATES

1. Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance or Associate Member \_\_\_\_\_ Third Degree \_\_\_\_\_

Roll Call – Saturday _____	Roll Call – Sunday _____	Please Do Not Write in this Box
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2. Name \_\_\_\_\_ Member # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance or Associate Member \_\_\_\_\_ Third Degree \_\_\_\_\_

Roll Call – Saturday _____	Roll Call – Sunday _____	Please Do Not Write in the Box
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Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 (Signed) Financial Secretary

\_\_\_\_\_  
 (Signed) Grand Knight

(Council Seal)

As provided for in Section 4 of the By-Laws of the Indiana State Council, the Financial Secretary of each Council shall prepare and certify, attested by the Council seal and countersigned by the Grand Knight, six forms, two certificates of credentials and four credentials of delegates and alternates on blanks furnished and shall forward one copy of certificate of credentials to the State Secretary at least two weeks before the State Council meets, and shall deliver one copy of credentials to each delegate and alternate for presentation at said meeting. The copy so furnished each delegate and alternate shall be made out in the name of such delegate and alternate. An extra copy of this form is furnished, to be retained by the Financial Secretary for his record.

- Mail original with signatures and seal to State Secretary by 4/3/2020.
- Mail a copy with signatures and seal to District Deputy by 4/3/2020.
- Provide a copy with signatures and seal to each Delegate and Alternate to present at Convention Registration.
- Retain one copy for Council records.

Mileage and Per Diem Check No. _____	Total \$ _____	Please Do Not Write in this Box
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<b>This form is available online at <a href="http://www.indianakofc.org/forms">www.indianakofc.org/forms</a></b>
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7/2019