



Knights of Columbus Mexican Martyrs' Award Monthly Entry Form

(Please type)

NOMINEE _____

Name of Chaplain: (Priest or Bishop only)

Address of Nominee: _____ City _____

Zip: _____ Phone Number: (_____) _____

Name of Proposer: _____

(Council, Chapter, Fourth Degree Assembly, State Council, Squire Circle):

Address: _____

City: _____ Zip _____

THE FOLLOWING INFORMATION AND DATA IS TO BE RESTRICTED TO THE ALLOCATED SPACE. IT IS TO ENABLE THE COMMITTEE TO CONSIDER AND EVALUATE YOUR NOMINEE:

1. Knights of Columbus Participation: (Include how long he has been a KC member, Positions held in the Knights and his current position in the Knights.)

2. Examples of his attendance and input into Council, Assembly, Chapter, Squires or other KC responsibilities. (Include any spiritual programs he initiated or participated in on behalf of your members and their families)



CALIFORNIA STATE COUNCIL ORGANIZATIONAL HANDBOOK



3. Describe why your nominee is deserving of the K of C Mexican Martyrs Award.

Multiple horizontal lines for writing a description.

IN ADDITION, YOU MAY ATTACH COPIES OF ARTICLES THAT TESTIFY TO HIS ACCOMPLISHMENTS FOR THE KNIGHTS OF COLUMBUS.

Signature: _____ Title: _____

Signature of any Council Officer, Chapter Officer, Assembly Officer, Squire Officer etc.

Print Name: _____

Deadline Dates:

Sept. 15 for Sept. 2017 Award; Oct. 15 for Oct. 2017 Award; Nov. 15 for Nov. 2017 Award
Dec. 15 for Dec. 2017 Award; Jan. 15 for Jan. 2018 Award; Feb. 15 for Feb. 2018 Award

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