

**KNIGHTS OF COLUMBUS
CALIFORNIA STATE COUNCIL
DISTRICT INFORMATION SHEET - COLUMBIAN YEAR _____ - _____**

District Deputy: DD's Council # _____ District No. _____

Last Name: _____ Membership No. _____

First Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Work: _____ Fax: _____

Email: _____

District Warden:

Last Name: _____ Membership No. _____

First Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Work: _____ Fax: _____

Email: _____

Councils Assigned:
