



CALIFORNIA STATE COUNCIL SERVICE PROGRAMS HANDBOOK



Mexican Martyrs, Priest & Other Martyrs' Award OFFICIAL ENTRY FORM (Please type)

NOMINEE _____ Title _____
(Name of (Priest or Bishop only) being nominated and their Title)

Address of Nominee: _____

City _____ Zip: _____ Phone No: (_____) _____

Name of Proposer: _____
(Council, Chapter, Fourth Degree Assembly, State Council, Squire Circle):

Address: _____

City: _____ Zip _____

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

1. Who is our Nominee? (Give his background as Priest or Bishop. Tell where he has served (give dates),
where he is currently serving and for how long he has been in his current position.

2. Where has he performed his work with/for the Knights of Columbus.
(Please include his background within the Knights of Columbus, e.g. how long has he been a KC member,
when did he join? Give location where he is serving or has served the KC's with the date/years of service
(list State Office, Council Chapter, 4th Degree, Assembly, Squires, etc.)



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3. What has his role been in providing input into Council matters, (give one example of where his influence assisted the Council/Chapter, etc.) Does he contribute to the council bulletin?

4. What spiritual programs has he initiated or participated in for the council members and their families?

IN ADDITION, YOU MAY ATTACH PHOTO COPIES OF ARTICLES FROM COUNCIL BULLETINS AND OR NEWSPAPERS, OR CHURCH BULLETINS THAT TESTIFY TO HIS ACCOMPLISHMENTS FOR THE KNIGHTS OF COLUMBUS.

Signature: _____ **Title:** _____

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

Print Name: _____ **Telephone:** _____

Email Contact: _____

Deadline Dates: Mail by the 15th of each month that the award is given.

Mail or Email to:
Stephen E. Bolton
PO Box 2649
West Covina, CA 91793-2649
ipsd@californiaknights.org
714-222-6880