

SO-10 DISTRICT DEPUTY NOMINATION FORM



Ontario State Office, Knights of Columbus
 393 Rymal Road West, Suite 201
 Hamilton, ON L9B 1V2
 Fax (905) 388-8738
 E-mail: stateoffice@ontariokofc.ca

District Number		Council Number		Membership Number	
DD Name			Date of Birth		Spouse's Name
DD Address				Telephone	
If re-appointed, will serve?		Yes	No	Request replacement?	
				Yes	No

I am pleased to submit the following names of Brothers whom I consider suitable candidates for the position:

Candidate 1	Name				Spouse's Name	
	Address					
	Telephone		Language	English	French	Date of Birth
						Council No.
	Membership No.		Own Transportation	Yes	No	Present Position held
	No. of years in K of C		Offices Held			Occupation
	Other Comments					

Candidate 2	Name				Spouse's Name	
	Address					
	Telephone		Language	English	French	Date of Birth
						Council No.
	Membership No.		Own Transportation	Yes	No	Present Position held
	No. of years in K of C		Offices Held			Occupation
	Other Comments					

Candidate 3	Name				Spouse's Name	
	Address					
	Telephone		Language	English	French	Date of Birth
						Council No.
	Membership No.		Own Transportation	Yes	No	Present Position held
	No. of years in K of C		Offices Held			Occupation
	Other Comments					

NOTE: All new appointees, reappointees and retiring District deputies will be advised by letter no later than June 1. Your co-operation, promptness and discretion in these matters will be appreciated by all concerned.