

# SO-10 DISTRICT DEPUTY NOMINATION FORM due December 5



Ontario State Office, Knights of Columbus  
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 Hamilton, ON L9B 1V2  
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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.