



Columbus Diocese Chapter

Nomination for Chapter FAMILY OF THE YEAR

Council #	<input type="text"/>	Nominee's Parish	<input type="text"/>
Council Name	<input type="text"/>	Parish Address	<input type="text"/>
Nominee	<input type="text"/>	Parish Phone	<input type="text"/>
Address	<input type="text"/>	Pastor	<input type="text"/>
City/Zip	<input type="text"/>	Spouse	<input type="text"/>
Phone	<input type="text"/>	Children & Ages	<input type="text"/>
Occupation	<input type="text"/>		

Church Activities

KofC Activities

Community Activities

Reasons For Nomination

Grand Knight Signature _____ Date _____ All Data due to Columbus Diocese Chapter by 04/21/24

Send this form and supporting documents to: banquets@columbuskofc.org