

# KNIGHTS OF COLUMBUS

## Request for Certification Cards

### CERTIFICATION OF CURRENT BACK-UP AND PREVIOUSLY CERTIFIED TEAM MEMBERS

Name	Degree	Date Certified	Certified By	1st.-Coun. No. 2nd-Dist. No. 3rd.-Team Name	Position On Team
	1st				
	2nd				
	3rd				
	1st				
	2nd				
	3rd				
	1st				
	2nd				
	3rd				
	1st				
	2nd				
	3rd				
	1st				
	2nd				
	3rd				
	1st				
	2nd				
	3rd				
	1st				
	2nd				
	3rd				
	1st				
	2nd				
	3rd				

**MAIL TO SUPREME SECRETARY, COPY TO STATE CEREMONIAL CHAIRMAN**

Requested By: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_