Connecticut State Council
Knights of Columbus
Knight of the Year
Nomination Form

Submitted by Council # _____ City/Town: _____

Name of Nominee: _____
(Last) (First) (Initial)

Address of Nominee: _____
(City) (State) (Zip)

(In the space below, please provide detailed reasons for the nomination including all qualifications, and any appropriate background information. Attach additional pages if necessary.)

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(Grand Knight Signature / Date)

Deadline March 1 - Mail completed form to Connecticut State Deputy