



Massachusetts State Knights of Columbus FAMILY OF THE MONTH

Date: _____ The Family of Brother _____

has been selected the _____ “Family of the Month”

for Council # _____ in _____

Please enter our nominee in the State “Family of the Month”

The names of the Family Members are listed below

Father: _____ Membership Number. _____

Mother: _____

Children/Ages:

Home Address:

Signed: _____
Grand Knight

Qualifications: _____

Use reverse side of sheet for additional qualifications

It is for these generous gifts of time an effort that we proudly recognize the Family and place their name in nomination of State Family of the Month.