

# FAMILY OF THE YEAR ENTRY FORM

Council/Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_

## *Instructions*

**Local Councils:** To enter your Family of the Year into jurisdiction competition, complete this form and forward it to the state deputy. Additional paper may be used if space allocated is not sufficient. Photographs, news clippings, letters of commendation or other special exhibits may be included. **Note: Individual jurisdictions set their own deadlines for state/provincial competitions, so watch for deadline dates or contact the state deputy.**

**Jurisdictions:** Select **one** entry to honor as Jurisdiction Family of the Year. Submit that entry form, with the state deputy's signature and all collateral material, to the Supreme Council Department of Fraternal Mission by **June 1** for consideration in the International Family of the Year competition.

## *A. Personal Data*

Member's Name: \_\_\_\_\_  
(Membership Number)

Wife's Name: \_\_\_\_\_

Children/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## *B. Knights of Columbus Data*

Family nominated by Council \_\_\_\_\_ in \_\_\_\_\_  
(Number) (Location)

For how many years has husband/father been a member of the Knights of Columbus? \_\_\_\_\_

Positions (offices / program directorships / chairmanships / committee assignments) held:

*continued on back*



Explain the entire family's involvement within the Knights of Columbus:

### ***C. Family Involvement***

Explain the entire family's involvement within the Church:

Explain the entire family's involvement within the community:

Explain why this family was chosen as the model family in your jurisdiction. Why does this family deserve the distinction of being named Knights of Columbus Family of the Year?

### ***For Jurisdiction Use Only:***

This family has been chosen Jurisdiction Family of the Year.

Attest: \_\_\_\_\_  
(State Deputy)

Email a copy of this document to: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org) (Councils should also retain a copy of this completed form for their files)