



KNIGHTS OF COLUMBUS
IOWA
STATE COUNCIL
PERPETUAL MEMORIAL SOCIETY
REGISTRATION FORM



The Iowa Knights of Columbus Perpetual Memorial Society was approved by the delegates of the 1990 State Convention in Sioux City. This society gives an opportunity to remember and pray for our friends and loved one for all posterity as well as supporting Religious Vocations. Any one is welcome to enroll anyone they choose; family, friends and loved ones in the society. All donations are placed in a secure depository. By the vote of the delegates at the Sioux City Convention, the interest earned on this account is given equally, to the Ordinaries, of the four Diocese in Iowa, to be used for vocations. An annual report of the distribution of the interest will be printed in *The Knight Today*.

Enrollees will be listed in a book which will be present at every Mass offered at the State Knights of Columbus functions. The book, in alphabetical order, will show the enrollee's name, year of birth and death, as well as the donor's name. They will also be listed in the monthly *Iowa Knight Lite* and the first issue of *The Knight Today* following their enrollment. The annual list of those enrolled will be placed in the Knights of Columbus archives which are preserved at the State Historical Society in Iowa City. The amount of the donation will not be revealed.

Next of kin will receive a letter of condolence from the State Perpetual Memorial Society Chairman if requested. The Donor will be sent a letter of appreciation for using our Perpetual Memorial Society as a way of remembering and praying for their loved one for eternity.

(Please type or print)

Please Enroll: Name _____

Year of Birth: _____ Year of Death: _____

Enrollee was a member of Council/Assembly (Name & Number): _____

Donor's Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Thank You Letter Required - Circle: Yes No

Send Letter of Condolence to: Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Who is the _____ of the deceased. (Father, Mother, Husband, Wife, Son, Daughter, Friend or Other).

Please make you check payable to: Iowa K of C Perpetual Memorial Society.

DO NOT SUBMIT THIS REPORT FORM TO THE SUPREME COUNCIL

Mail form to Perpetual Memorial Society Chairman

Jim Kestner
901 1st Avenue SE
LeMars, IA 51031-2513
(over)

(Please type or print)

Please Enroll: Name _____

Year of Birth: _____ Year of Death: _____

Enrollee was a member of Council/Assembly (Name & Number): _____

Donor's Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Thank You Letter Required - Circle: Yes No

Send Letter of Condolence to: Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Who is the _____ of the deceased. (Father, Mother, Husband, Wife, Son, Daughter, Friend or Other).

Please make you check payable to: Iowa K of C Perpetual Memorial Society.

(Please type or print)

Please Enroll: Name _____

Year of Birth: _____ Year of Death: _____

Enrollee was a member of Council/Assembly (Name & Number): _____

Donor's Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Thank You Letter Required - Circle: Yes No

Send Letter of Condolence to: Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Who is the _____ of the deceased. (Father, Mother, Husband, Wife, Son, Daughter, Friend or Other).

Please make you check payable to: Iowa K of C Perpetual Memorial Society.