

**IOWA KNIGHTS OF COLUMBUS
PERPETUAL MEMORIAL SOCIETY**

Please Print

Registration Form

Please Print

Please enroll: Name _____

Year of Birth _____ **Year of Death** _____

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

Donor's Name(s) _____ **Thank you letter required**

Circle: Yes No

Address _____

City _____ **State** _____ **Zip** _____

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 your check payable to: **Iowa K of C Perpetual Memorial Society**

Send to: **Jim Kestner**
 901 1st Ave SE
 Le Mars, IA. 51031-2513