

# Notice of Election of State Council Officers For 20 - 20

This is to certify that pursuant to the laws of the Order, the following Officers were duly elected  
at a meeting of the \_\_\_\_\_ State Council held in \_\_\_\_\_.

The date of the election was \_\_\_\_\_ .

**STATE DEPUTY:** \_\_\_\_\_ Member #: \_\_\_\_\_ Council #: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**STATE SECRETARY:** \_\_\_\_\_ Member #: \_\_\_\_\_ Council #: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**STATE TREASURER:** \_\_\_\_\_ Member #: \_\_\_\_\_ Council #: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**STATE ADVOCATE:** \_\_\_\_\_ Member #: \_\_\_\_\_ Council #: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**STATE WARDEN:** \_\_\_\_\_ Member #: \_\_\_\_\_ Council #: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**The last living Past State Deputy actually residing in the jurisdiction as of July 1, 20\_\_ :**

**IPSD:** \_\_\_\_\_ Wife: \_\_\_\_\_ Member #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Council #: \_\_\_\_\_

The \_\_\_\_\_ **State Council Meeting** will be held starting ATTEST:

On \_\_\_\_\_ ending \_\_\_\_\_ , \_\_\_\_\_

**State Deputy ( 20\_\_ – 20\_\_ )**

**Date**

City of \_\_\_\_\_ ,

Hotel: \_\_\_\_\_ Phone: \_\_\_\_\_ ,

**State Secretary ( 20\_\_ – 20\_\_ )**

**Date**

A printable version of this form is available on-line at [www.kofc.org/stateforms](http://www.kofc.org/stateforms). To ensure your delegates have the proper access to reserve rooms and dinner tickets online, please e-mail this form to [Kevin.Brady@kofc.org](mailto:Kevin.Brady@kofc.org).

If the form is emailed from a State Officer, there is no need to follow up with a signed copy.  
Only faxed or mailed copies require signatures.



Supreme Council Representatives

Section 4 of the Charter, Constitution and Laws of the Knights of Columbus states in part, that "The Supreme Council shall be composed of the following members, all of whom must be in good standing:"

"The State Deputy and the last living Past State Deputy of each State Council who is actually residing in the state or Jurisdiction."

"One representative from each State Council for the first two thousand insurance members, and one representative for the first two thousand associate members, and one representative for each additional two thousand insurance members or major part thereof and one representative for each additional two thousand associate members or major part thereof represented in said State Council as shall appear from the records of the Supreme Secretary. However, any state council having an insurance membership of more than 50% of its total membership will be given credit for any excess insurance members over the minimum number necessary to achieve its last insurance delegate. This excess amount of insurance membership will then be applied toward an additional associate member delegate pursuant to the requirements of this section. But no State Council shall be entitled to more than eight elected representatives to the Supreme Council."

Refer to Section 4(b) and (c) of the Charter, Constitution and Laws for assistance in determining the election of Alternates and the filling of vacancies created when an elected representative can not attend the Supreme Council Meeting.

State Deputy for the Fraternal Year 20\_\_ – 20\_\_

As listed on first page: \_\_\_\_\_

The last living Past State Deputy actually residing in the jurisdiction as of July 1, 20\_\_

As listed on first page: \_\_\_\_\_

Representatives for Insurance Membership – Must be Insurance Member

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Representatives for Associate Membership – May be either Insurance or Associate Member

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alternates for Insurance Representatives – Must be Insurance Member

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alternates for Associate Representatives – May be either Insurance or Associate Member

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____