

**KNIGHTS OF COLUMBUS****Request for Certification Cards****Certification of Current Back-Up and Previously Certified Team Members**

Name	Degree	Date Certified	Certified By	1st.-Coun. No. 2nd.-Dist. No. 3rd.-Team Name	Position on Team
	1 <sup>st</sup>				
	2 <sup>nd</sup>				
	3 <sup>rd</sup>				
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	3 <sup>rd</sup>				

Requested By \_\_\_\_\_ Address: \_\_\_\_\_

Title \_\_\_\_\_

529-NC 1/87

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_