



**Knights of
Columbus®**
State Council of Iowa

Perpetual Memorial Society Enrollment Form

This form can be completed on a computer*, or printed and filled out
PLEASE PRINT LEGIBLY

Name of Enrollee: _____

Year of Birth _____ Year of Death _____

Was the enrollee a member of the Knights of Columbus Y/N _____

(If applicable) Council # _____ Assembly # _____

Donor(s) Information:

Name(s) _____

Mailing Address _____

City, State, Zip _____

Donor's *Thank You Letter* delivery mode (select one) Email ____ US Mail ____ None ____

Email Address (*if selected above*) _____

Letter of Condolence Recipient:

Name(s) _____

Relationship to the deceased: _____
(e.g. spouse, child, parent, friend, other)

Mailing address _____

City, State, Zip _____

Please make checks payable to: **Iowa K of C Perpetual Memorial Society**

DO NOT SEND CASH

Mail to: Knights of Columbus
State Council of Iowa
PO Box 91
Oskaloosa, IA 52577