



Knights of Columbus
SQUIRES
Youth Organization.

NOTICE OF INSTITUTION

COLUMBIAN SQUIRES CIRCLE

PLEASE PRINT OR TYPE

Jurisdiction _____

This is to certify that a Circle of Columbian Squires was instituted on _____
(month - day - year)

under the sponsorship of _____ Council/Assembly No. _____
(name of council / assembly)

in the city of _____, State/Province of _____.

The name selected for the circle, subject to approval of the Charters Committee of the Supreme Council's Board of Directors, is as follows:

_____ (First Choice)

_____ (Second Choice)

_____ (Third Choice)

Note: If submitting the name of a person, enclose a short biography, which must include date of death, since circles cannot be named after living persons. Mark box with a check (✓) if biography is enclosed.

If submitting the name of a deceased priest, a written letter of approval from the bishop must be submitted.

The Investiture Ceremony was conducted by Circle _____ sponsored by Council/Assembly _____.

The names of the members to be listed on the charter are listed on the reverse side of this form.

Grand Knight/Faithful Navigator

Date: _____

**FOR SUPREME COUNCIL
OFFICE USE ONLY**

Approved: _____
Supreme Secretary

Date: _____

Please forward to: Columbian Squires, Knights of Columbus Department of Fraternal Services
1 Columbus Plaza
New Haven CT 06510-3326

A Columbian Squires membership document (Form #280) must be on file for each member listed below, in order for the member's name to be included on the circle's charter. Please list names in alphabetical order.

The names of the members to be listed on the charter are as follows:

NAME IN FULL

(Please print or type – Do not use nicknames.)

Last

First

Middle Initial

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
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22. _____
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24. _____
25. _____