

FAMILY OF THE MONTH ENTRY FORM

DUE BY 15th DAY OF THE FOLLOWING MONTH

Date ____ / ____ / ____ The family of _____ has been selected as the
(Please Print)
 _____ Family of the Month for Council _____ in _____
(Month) (Number) (City, State or Province)

Fully complete this report form by listing the family's information and qualifications. This will also ensure that the family is entered in the Supreme Council Family of the Month Contest.

Husband: _____ Membership Number (if applicable) Wife: _____

Children /Ages: _____ Children /Ages: _____ Children /Ages: _____
 _____ / _____ / _____
 _____ / _____ / _____

Home Address: _____

Signed: _____
(Grand Knight)

Our council's Family of the Month was selected for the following reasons:

The following factors should be considered when selecting a Family of the Month:

- Is the family tight-knit?
Does the family spend quality time together?
- Does the family attend weekly Mass together?
Does the family pray together outside of Mass?
- Has the family made significant contributions to the parish and church community?
- Does the family serve as a model of Catholic family values?

Email a copy of this document to: fraternalmission@kofc.org
(Councils should also retain a copy of this completed form for their files)

Families will be randomly selected each month from the forms received and presented with a special Holy Family gift

