

Suffolk Chapter
Knights of Columbus
Fraternal Assistance Committee

FOR OFFICE USE ONLY	
Case No _____	
Date Received _____	
Date Assigned _____	
Investigated By _____	

Applications should be investigated first by a Council Member appointed by the Grand Knight; then filled out in DUPLICATE and mailed to the home of the FRATERNAL ASSISTANCE COMMITTEE CHAIRMAN. When in doubt, phone the Chairman at his home.

APPLICATION FOR FRATERNAL ASSISTANCE

Applicant's Name _____ Council _____ No. _____

Address _____ Town _____

Near Intersection of _____ and _____ Phone _____

Age _____ How long in Order? _____ Marital Status _____ Occupation _____

Reason for need _____ How long has need existed? _____

Is need the result of injury on job or accident? _____

Where can applicant be seen? _____ What time is best? _____

If person in need is not the applicant, give exact relationship to applicant _____

Does person in need know of this application? _____

Extent of need (debts, length of time without salary, etc.) _____

Remarks _____

Council aid to date _____

Council Dues Waived Yes No

I hereby certify that the applicant is a member in good standing.

I have personally investigated this application and recommend it for submission to the F A C Committee.

 Financial Secretary

 Date Phone

 Council Investigator Date Phone

On the basis of the above certification and recommendation and having no information to the contrary, I hereby submit this application for consideration.

COUNCIL SEAL

 Grand Knight Date Phone

IMPORTANT: All signatures must be subscribed and Council Seal attached.

DO NOT WRITE BELOW THIS LINE - RESERVED FOR COMMITTEE USE ONLY