

# 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 \_\_\_\_\_ Membership Number 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 \_\_\_\_\_ Date of Membership \_\_\_\_\_

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

\_\_\_\_\_  
Investigator                      Date                      Phone

\_\_\_\_\_  
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