



**Massachusetts State Council Knights of Columbus**  
 470 Washington Street, Norwood, MA 02062 Tel: 781-551-0628, Fax: 781-551-0490

**District Deputy**

\_\_\_\_\_ Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUEST FOR EXEMPLIFICATION OF THE THIRD DEGREE**

Worthy State Deputy:

It is requested that the Third Degree be Exemplified on a class of candidates from the following Councils in my District:

<u>Council Name and Number</u>	<u>Anticipated Number of Candidates</u>
_____	_____
_____	_____
_____	_____
_____	_____

To be held at (place) : \_\_\_\_\_

Street and Number : \_\_\_\_\_ City/Town : \_\_\_\_\_

On \_\_\_\_\_  
 Day of the Week                      Date                      Time

(Complete the following if Applicable)

The Degree is to be held in conjunction with the following Councils from other Districts:  
 (Note: Each District Deputy is required to submit this request for his own Councils)

<u>Council Name and Number</u>	<u>Anticipated Number of Candidates</u>
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
 Signature of District Deputy

\_\_\_\_\_  
 District Number

Approved: \_\_\_\_\_ (State Deputy)

Team Assigned by the State Ceremonials Chairman: \_\_\_\_\_