



# Massachusetts State Council Knights of Columbus

## DISTRICT DEPUTY COUNCIL VISITATION REPORT

District Deputy # \_\_\_\_\_

Date of Visit \_\_\_\_\_

Council Name \_\_\_\_\_

Council Number \_\_\_\_\_

- 1. Does the Council Sponsor a Admission Degree Team? \_\_\_\_\_
- 2. Number of Admission Degrees held since July 1 \_\_\_\_\_
- 3. Did the Council do a Membership Drive? \_\_\_\_\_
- 4. Did the Council Participate in the Charity Drive? \_\_\_\_\_

5. Have the following Reports been completed and do you have copies?

Officers and Delegates for	#SF-1	
Report of Officers chosen for the Term: July 1 - June 30	#185	
Semi-Annual Council Audit Report (due August 15)	#1295	
Service Program Personnel Report for the Term: July 1 - June 30	#365	
Annual Charity Fund Report	State	
Annual Survey of Fraternal Activity Report	#1728	
Semi-Annual Council Audit Report (due February 15)	#1295	
State Council Service Program Awards Entry Form	State	
Bishop Minihan Memorial Award Nomination Form	State	
Annual Report of the Knights of Columbus Round Table	#2630	
Columbian Award Application	#SP-7	
IRS Form 990	IRS 990	

4. Overall Council Status: (Council Activities, Strengths, Weaknesses, Needs, etc.)

5. Recommendation: (To Council Leadership and/or to the State Deputy)

\_\_\_\_\_  
District Deputy

\_\_\_\_\_  
DD#

Original: State Deputy  
Copy: DD File