



**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 SECOND DEGREE**

Worthy State Deputy:

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

Council Name and Number

Anticipated Number of Candidates

_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

(Complete the following if Applicable)

I understand that the current State Council per capita assessment must be paid by each of the sponsoring Councils prior to second degree.

All arrangements have been completed for the Degree with each Grand Knight.

The Certified Second Degree Staff indicated below will exemplify this Degree:

\_\_\_\_\_

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

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

First Degree (to be held) held on

\_\_\_\_\_  
 Date(s)

\_\_\_\_\_  
 Time

At \_\_\_\_\_