	Knighthood (Third) Degree Exemplification Request Mississippi State Council Knights of Columbus						
Lise Cedar Hill Dr Street: Oxford MS 36655 G62-801-4720 Email: cmpcs@olemiss.edu City: Phone: Email: This form can be downloaded from the Mississippi State Council Web Site. After completing please email to: Peter Sukaned [empcs@olemiss.edu] Request is made herewith to hold the exemplification of a Major Degree by : (district no.) (date) (time) The Council most likely to host this is (name & number) located at (Street Address, City & Zip) Host Grand Knight Hest District Deputy Proce Proce Proteread for this Degree is granted: the indivi		District Deputy:					
662-301-4720 City:	126 Cedar Hill Dr Oxford MS 38655 662-801-4720	Street:					
Phone:		City:		State:	Zip:		
Peter Sukaned [cmpcs@olemiss.edu] Request is made herewith to hold the exemplification of a Major Degree by : (district no.) (date) (time) The Council most likely to host this is		Phone:	E	mail:			
The Council most likely to host this is	Peter Sukaned [cmpcs@olemiss.edu]						
Iocated at (name & number) Iocated at (Street Address, City & Zip) Host Grand Knight Host Grand Knight Host Grand Knight Host District Deputy Email: Phone: Phone			(district no.)	(date)	(time)		
(Street Address, City & Zip) Host Grand Knight Host District Deputy Hone: Host District Deputy Do Not Write Below This Line Approval for this Degree is granted; the individual listed below will be considered in charge of the Exemplification. The District Deputy making this request is to arrange and notify him of the time and place for a meeting prior to the Degree, and both will accept this assignment in accordance with the "Ceremonial Guide Lines" set forth in the State Council's Membership Program for this current year. Assignment Assignment Assignment Name: N	•						
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ASSIGNEES Conferring Officer: Degree Team Captain: Name: Address: Telephone: Telephone: Emails	request is to arrange and notify him o	f the time and place for a meeting prior to	the Degree, and both for this current year. Approve	will accept this assignm d by: (State Deputy)	(Date)		
Conferring Officer: Degree Team Captain: Name:	ASSIGNEES		Degree T	eam:			
Name: Name: Address: Address Telephone: Telephone:		De	gree Team Captain:				
Telephone: Telephone:	Name:		Name:				
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