



Report of Officers Chosen (Form 185) Instructions

This PDF form is an acceptable format for submitting the Service Program Personnel Report but the preferred format is for the Grand Knight or Financial Secretary to submit this form online using the Member Management application located within Officers Online. Watch this YouTube video for instructions on how to do this using Member Management. <https://youtu.be/c0lswbh66tg>

Due Date: August 1st – Council Directors are appointed by the Grand Knight. Once elections are complete and a Grand Knight is chosen, he should appoint “most of the council Directors. Please enter the Service Program Personnel into this form and submit it.

Where to submit this form:

- Supreme = Membership Records (email: AddressChange@kofc.org)
- Michigan State Deputy = State Deputy Forms email address (email: Forms@mikofc.org)
- District Deputy = (email: ddxxx@mikofc.org) Note: Replace xxx with your District 3-digit number

Line-by-line Instructions:

- **JULY 1, 20__ TO JUNE 30, 20__** - Officers are chosen in May/June for the following July through June. Please enter the 2-digit year these officers start their term and end their term. As an example, JULY 1, 2021 TO JUNE 30, 2022.
- **Council # _____** - Please enter you council #. This is usually a 3-5 digit #.
- **DATE OF ELECTION _____** - Please enter the date your council met and held council elections. Use the MM-DD-YYYY format. As an example, 5-22-2021.
- **COUNCIL ADDRESS _____** - Please enter the address location of where your council holds its meetings. This is typically the address of your council hall (if your council has one) or the address of your Parish (if your council is a Parish council)
- **GRAND KNIGHT** – Enter the information for the person elected as your council’s Grand Knight.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Grand Knight.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Grand Knight (first name, last name and middle initial).
 - **ADDRESS CHANGE** – Please check this box if the Grand Knight’s address changes since last year.
 - **STREET, CITY, STATE, ZIP (POSTAL CODE)** – Please enter the mailing address for the Grand Knight.
 - **NEWLY ELECTED / REELECTED** – Please check one (and only one) of these two boxes. A Grand Knight that is newly elected is a person who was NOT the Grand Knight last year. A Grand Knight that is re-elected is the person who was Grand Knight for the previous fraternal year.
 - **TELEPHONE AREA CODE / PHONE NO.** – Please enter the 10-digit phone # for the Grand Knight. It can be a residential phone or a cell phone. Please enter the preferred contact phone number for the Grand Knight.
 - **EMAIL** – Please enter the e-mail address for the Grand Knight. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-



Report of Officers Chosen (Form 185) Instructions

write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Grand Knight will not receive critical information from Supreme. *Please note, all Grand Knights in Michigan are provided an email address by the Knights of Columbus Michigan Jurisdiction. While these email addresses should be used for most council purposes, Supreme has instructed councils to NOT use these email addresses for form 185.*

- **CHAPLIN** – Enter the information for your council’s Chaplin.
- **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Chaplin.
- **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Chaplin (first name, last name and middle initial).
- **ADDRESS CHANGE** – Please check this box if the Chaplin’s address changes since last year.
- **STREET, CITY, STATE, ZIP (POSTAL CODE)** – Please enter the mailing address for the Chaplin.
- **EMAIL** – Please enter the e-mail address for the Chaplin. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Chaplin will not receive critical information from Supreme.
- **DEPUTY GRAND KNIGHT** – Enter the information for your council’s Deputy Grand Knight.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Deputy Grand Knight.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Deputy Grand Knight (first name, last name and middle initial).
 - **ADDRESS CHANGE** – Please check this box if the Deputy Grand Knight’s address changes since last year.
 - **STREET, CITY, STATE, ZIP (POSTAL CODE)** – Please enter the mailing address for the Deputy Grand Knight.
 - **EMAIL** – Please enter the e-mail address for the Deputy Grand Knight. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Deputy Grand Knight will not receive critical information from Supreme.
- **CHANCELLOR** – Enter the information for your council’s Chancellor.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Chancellor.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Chancellor (first name, last name and middle initial).
 - **ADDRESS CHANGE** – Please check this box if the Chancellor’s address changes since last year.
 - **STREET, CITY, STATE, ZIP (POSTAL CODE)** – Please enter the mailing address for the Chancellor.
 - **EMAIL** – Please enter the e-mail address for the Chancellor. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Chancellor will not receive critical information from Supreme.



Report of Officers Chosen (Form 185) Instructions

- **RECORDER** – Enter the information for your council’s Recorder.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Recorder.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Recorder (first name, last name and middle initial).
 - **ADDRESS CHANGE** – Please check this box if the Recorder’s address changes since last year.
 - **STREET, CITY, STATE, ZIP (POSTAL CODE)** – Please enter the mailing address for the Recorder.
 - **EMAIL** – Please enter the e-mail address for the Recorder. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Recorder will not receive critical information from Supreme.
- **TREASURER** – Enter the information for your council’s Treasurer.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Treasurer.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Treasurer (first name, last name and middle initial).
 - **ADDRESS CHANGE** – Please check this box if the Treasurer’s address changes since last year.
 - **STREET, CITY, STATE, ZIP (POSTAL CODE)** – Please enter the mailing address for the Treasurer.
 - **EMAIL** – Please enter the e-mail address for the Treasurer. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Treasurer will not receive critical information from Supreme.
- **LECTURER** – Enter the information for your council’s Lecturer.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Lecturer.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Lecturer (first name, last name and middle initial).
 - **ADDRESS CHANGE** – Please check this box if the Lecturer’s address changes since last year.
 - **STREET, CITY, STATE, ZIP (POSTAL CODE)** – Please enter the mailing address for the Lecturer.
 - **EMAIL** – Please enter the e-mail address for the Lecturer. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Lecturer will not receive critical information from Supreme.
- **ADVOCATE** – Enter the information for your council’s Advocate.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Advocate.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Advocate (first name, last name and middle initial).
 - **ADDRESS CHANGE** – Please check this box if the Advocate’s address changes since last year.
 - **STREET, CITY, STATE, ZIP (POSTAL CODE)** – Please enter the mailing address for the Advocate.



Report of Officers Chosen (Form 185) Instructions

- **EMAIL** – Please enter the e-mail address for the Advocate. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Advocate will not receive critical information from Supreme.
- **WARDEN** – Enter the information for your council’s Warden.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Warden.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Warden (first name, last name and middle initial).
 - **ADDRESS CHANGE** – Please check this box if the Warden’s address changes since last year.
 - **STREET, CITY, STATE, ZIP (POSTAL CODE)** – Please enter the mailing address for the Warden.
 - **EMAIL** – Please enter the e-mail address for the Warden. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Warden will not receive critical information from Supreme.
- **INSIDE GUARD** – Enter the information for your council’s Inside Guard.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Inside Guard.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Inside Guard (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Inside Guard. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Inside Guard will not receive critical information from Supreme.
- **OUTSIDE GUARD** – Enter the information for your council’s Outside Guard.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Outside Guard.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Outside Guard (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Outside Guard. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Outside Guard will not receive critical information from Supreme.
- **TRUSTEE FOR ONE YEAR** – Enter the information for your council’s Trustee for one year.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Trustee for one year.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Trustee for one year (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Trustee for one year. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the



Report of Officers Chosen (Form 185) Instructions

email address is not legible, the Trustee for one year will not receive critical information from Supreme.

- **TRUSTEE FOR TWO YEARS** – Enter the information for your council’s Trustee for two years.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Trustee for two years.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Trustee for two years (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Trustee for two years. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Trustee for two years will not receive critical information from Supreme.
- **TRUSTEE FOR THREE YEARS** – Enter the information for your council’s Trustee for three years.
 - **MEMBERSHIP # _____** - Please enter the 6-7digit membership #. This can be found on the membership card for the Trustee for three years.
 - **LAST NAME, FIRST NAME, INITIAL** – Please enter the name of the Trustee for three years (first name, last name and middle initial).
 - **EMAIL** – Please enter the e-mail address for the Trustee for three years. It is critically important that the email address is legible. It is preferred that his form be typed using a computer. If you must hand-write this form, please take extra care to ensure the email address is clear and legible. If the email address is not legible, the Trustee for three years will not receive critical information from Supreme.
- **COUNCIL MEETS** – Please enter the date and time of the councils general meeting. As an example... 4TH Tuesday at 7:00pm
- **SIGNED FS** – Please ensure the council Financial Secretary signs this form.