Knights of Peter Claver, Inc., and Ladies Auxiliary Texas State Conference Council & Court HISTORY/ARCHIVES Form



Please Complete ALL INFORMATIO	N [Use a	dditional pages, if needed]
Council Name:		
Court Name:		
Council Number:		Date/Year Established:
Court Number:		Date/Year Established:
City:	State: _	Church:
Council - How many were initiated:		Number still active:
Court - How many were initiated:		Number still active:
Council: List Charter Members: (In	dicate ac	tive #) PLEASE PRINT LEGIBLY
Court: List Charter Members: (Indi	cate activ	/e #) PLEASE PRINT LEGIBLY

TEXAS STATE CONFERENCE OFFICERS:

SUPREME NATIONAL AND/OR NATIONAL OFFICERS:

Has your Council / Court merged with a	nother Council / Court?	If Yes, Date: _
Council/Court Names/Numbers:		
Merged Council/Court Name:		
Merged Council/ Court Number:	City:	State

Email any photos you have of your charter members, both past and present to: info@kpctsc.org

Provide any written history you have for your council or court to: info@kpctsc.org