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# Activity Report

## Presentation of Certificates

### Celebrate a Birth

Council Name: ..... Number .....

District ..... Region No. .... – Region Name : .....

Number of *Celebrate a Birth* certificates presented : .....

Date of event: .....

**Brief description of the event \***

Describe in a few lines how this event led to the presentation of *Celebrate a Birth* certificates. Photos would be appreciated. Even if there was no special event, prepare the list of certificates that you have presented.

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**Identification of the births**

| Name of Father KofC | Yes/No  | Name of Mother | Name of Child – | Boy/Girl  |
|---------------------|---|----------------|-----------------|---|
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |
| .....               | <input type="checkbox"/> <input type="checkbox"/> | .....          | .....           | <input type="checkbox"/> <input type="checkbox"/> |

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Signature of Grand Knight

\* This activity can also be considered for a Colombian State Service Program award, you must in that case also complete the appropriate form.

**Each additional request for certificates must be accompanied by this report.  
Send this report to the state family coordinator.**

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