



Local Court Officers

For the two-year period 20_____ to 20_____ Election held on _____, 20_____

Court _____ # _____

City _____ State _____

The Financial Secretary should complete this form immediately following the election held at the May monthly meeting. Even if you do not have any changes in officers or have been recently instituted, this form must be completed every two years and every time an officer's position changes leadership. Your prompt attention to this request will be appreciated. Please PRINT neatly.

Please submit the original form to:
Catholic Daughters of the Americas
10 W. 71st Street – New York, NY 10023

send a copy to your State Regent, State
Secretary, and District Deputy
(Territorial courts send to your National Supervisor)

Regent: Name _____ new _____ re-elected

Address _____ City _____ St _____ Zip _____

Email _____ Phone (____) _____ Cell (____) _____

Vice Regent: Name _____ new _____ re-elected

Address _____ City _____ St _____ Zip _____

Email _____ Phone (____) _____ Cell (____) _____

Recording Secretary: Name _____ new _____ re-elected

Address _____ City _____ St _____ Zip _____

Email _____ Phone (____) _____ Cell (____) _____

Financial Secretary: Name _____ new _____ re-elected

Address _____ City _____ St _____ Zip _____

Email _____ Phone (____) _____ Cell (____) _____

Treasurer: Name _____ new _____ re-elected

Address _____ City _____ St _____ Zip _____

Email _____ Phone (____) _____ Cell (____) _____

Chaplain/Spiritual Advisor: Name _____ new _____ re-elected

Address _____ City _____ St _____ Zip _____

Email _____ Phone (____) _____ Cell (____) _____