



CATHOLIC ORDER OF FORESTERS

A FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012
Toll-free 800-552-0145 • TTY 800-617-4176 • www.CatholicForester.org

**CERTIFICATE OF MERIT
AWARD RECOMMENDATION**

PURPOSE

The Certificate of Merit recognizes Catholic Order of Foresters members who, in an outstanding way, have contributed to the Order's welfare and advancement on the local court level. During a calendar year, a court may only recommend one member unless the court contains 500 or more adult members. In that case, the court may nominate two members. A member who already holds the Legion of Honor, Third Degree, cannot receive a Certificate of Merit.

QUALIFICATIONS

Applicants must meet the following qualifications:

- Hold adult COF membership for three or more years
- Participate actively in court
- Perform services promoting development and advancement of court or Order
- Receive court recommendation

Complete all information and submit so Awards Committee members and the High Court have adequate time to review each request. Submit this form at least 90 days prior to anticipated presentation. High Court meetings take place in February, May, August, November. Failure to comply may result in delay or rejection.

Local court must have submitted:

- | | | | |
|-----------------------------|--|--------------|--|
| Documentation Report | <input type="checkbox"/> Yes <input type="checkbox"/> No | Officer Card | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fraternal Activities Report | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annual Audit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bond Application | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Name _____

Address _____

City _____ State _____ Zip _____

Court number _____ Insurance effective date _____

Court name and location _____

Number of adult court members _____ Date of last Merit Award _____

This recommendation must be signed by a majority of the following named officers and sent to the state secretary for signature:

Date _____
mm/dd/yyyy

Chief Ranger

Vice Chief Ranger

Recording Secretary

Financial Secretary

Treasurer

State Secretary

Date

Presentation date _____ Function _____



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1. **Has the candidate held adult COF membership for three or more years?** Yes No
If "no" the candidate is not eligible.

2. **Has the candidate served the Order at the District, Chapter, or Association level?** Yes No

List years of service and offices held _____

3. **Has the candidate participated at the state court level?** Yes No

List activities, offices held, or duties _____

4. **Has the candidate served on the local court?** Yes No

List offices and years held _____

5. **Has the candidate served as a committee member?** Yes No

List committees _____

6. **Does the candidate regularly attend meetings?** Yes No

How many meetings does the court hold per year? _____

How many meetings has candidate attended? _____

7. **Has the candidate participated in past local court activities?** Yes No

List court activities and the candidate's responsibilities or duties _____

Send Certificate to:

High Court use only	Approved By	Date
Fraternal Department		
Awards Committee		