MONTHLY REPORT of DEPUTY to BRANCH

<table>
<thead>
<tr>
<th>Deputy Name:</th>
<th>Meeting Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members:</td>
<td>Members Present:</td>
</tr>
<tr>
<td>Chaplain Present:</td>
<td>New Applications:</td>
</tr>
<tr>
<td>Officers Absent:</td>
<td>Guests Present:</td>
</tr>
<tr>
<td>Officers Excused:</td>
<td>Altar Properly Prepared:</td>
</tr>
</tbody>
</table>

Correspondence from Central Council:

Apostolate Charity done this month:

Upcoming Branch activities:

Deputy spoke on the following ICF programs:

Recommendations/Comments for Positive Improvement:

NOTE: Report any problems to the District Deputy as they arise. This report should be submitted monthly even if the Deputy cannot attend the meeting. Please send a copy to the Branch President.
DISTRICT DEPUTY QUARTERLY SUMMARY REPORT

Italian Catholic Federation
675 Hegenberger Road, Suite 230
Oakland, California 94621
510-633-9058          510-633-9758 (fax)

District Deputy Name ________________________ District: ________________________

Date: ______________

How Many Branches In Your District? _________

How Many Branches Without A Deputy? _________

Summarize any problems in a branch that need immediate attention.

When is Annual Deputy Workshop scheduled?

What specific areas do your deputies want addressed?

What branches have you visited in this past quarter?

Please Give Your Suggestions And Ideas Regarding The Deputy Program:

Note: All deputy reports should be sent to you monthly. You in turn will summarize the branch deputy reports on this Quarterly Report and mail to the ICF Office.
REQUEST FOR BRANCH DEPUTY APPOINTMENT

Italian Catholic Federation
675 Hegenberger Road, Suite 230
Oakland, California 94621
510-633-9058                                510-633-9758 (fax)

Name: _________________________  Phone No. ______________

Address: ________________________ Branch No. _____________

City: ___________________________ State: _____ Zip: _______  

He/She should be appointed to Branch #: ____________

He/She is replacing ______________________________________

Address: ________________________City: __________________

State: ____________ Zip: _______

Reason For Change: ______________________________________

Appointment Should Take Effect: ___________________________

District Deputy: ___________________________ Date: _____________
(signature)

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