



DEATH BENEFIT REQUEST

*PLEASE COMPLETE THE FOLLOWING INFORMATION AND FORWARD TO THE OFFICE OF THE GRAND SECRETARY

Name of Court: _____ Number: _____

Name of Court Secretary: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ Date

Name of Deceased:

Last: _____ First: _____ Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Date of Passing: _____

Name of Beneficiary:

Last: _____ First: _____ Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Deceased: _____

(wife, mother, father, son, husband, daughter, etc.)

Make Check Payable to: _____

Signature of Beneficiary: _____ Date: _____

NOTE: CERTIFIED COPY OF DEATH CERTIFICATE IS REQUIRED

Attest:

Most Ancient Matron (Date)

(COURT SEAL)

Worthy Court Secretary (Date)

Grand Court Use Only:

Date of Receipt ____/____/____

Date of Disbursement ____/____/____

Most Ancient Grand Matron (Date)

Worthy Grand Secretary (Date)