



The Most Worshipful

Prince Hall Grand Lodge of Ohio

...Free and Accepted Masons

Beneficiary/Charity Claim Form

Date: _____

Lodge Name and Number: _____

Name of Deceased: _____
Last Name First Name MI

Address: _____
Street Number & Name City State

Date of Birth: _____ Date Deceased: _____

Date Raised: _____ Date Suspended _____ Date Reinstated _____

Amount of Charity Due \$ _____

Primary Beneficiary

Name: _____ Relationship _____

Street City State Zip Code

Age: _____ Phone#: _____ Email: _____

Alternate Beneficiary

Name: _____ Relationship _____

Street City State Zip Code

Age: _____ Phone#: _____ Email: _____

****IF THE DESIGNATED BENEFICIARY IS DECEASED FURNISH A CERTIFIED COPY OF THEIR DEATH CERTIFICATE.****

Worshipful Master Signature Phone Number Date

Lodge Secretary Signature Phone Number Date

Lodge Secretary Address City/State/Zip

LODGE SEAL **DEATH CERTIFICATE OR COPY OF OBITUARY IS REQUIRED**