

# PROOF OF DEATH MASONIC BURIAL FUND

FOR  
SUBORDINATE LODGES UNDER THE PROTECTION OF THE  
MOST WORSHIPFUL UNION GRAND LODGE F & A.M. OF FLORIDA INC. PHA

All applications blanks must be supplied from the Grand Lodge Office. No other will be accepted.  
(please block print or type)

DATE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

AMOUNT OF MRF BENEFIT: \_\_\_\_\_

BENEFICIARY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

LODGE NAME: \_\_\_\_\_ NO. \_\_\_\_\_

I hereby certify that Brother \_\_\_\_\_

is a member of \_\_\_\_\_ Lodge No. \_\_\_\_\_

at \_\_\_\_\_ Florida, has paid his MRF dues to date and that he died on the

\_\_\_\_\_ day of the month of \_\_\_\_\_ in the year \_\_\_\_\_

at \_\_\_\_\_, Florida.

Worshipful Master

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

Secretary:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

Witnesses:

Senior Warden: \_\_\_\_\_

Junior Warden: \_\_\_\_\_

SEAL