

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 Signature _____

TYPE NAME: _____

ADDRESS: _____ CITY: _____ PHONE: _____

Secretary Signature: _____

TYPE NAME: _____

ADDRESS: _____ CITY: _____ PHONE: _____

Witnesses:

Senior Warden: _____

Junior Warden: _____

SEAL