



Endowment/Burial Claim

State Death Certificate *must* be attached to this form and
Deceased Brother *must* have been paid up in all departments.

Deceased's Name _____ Deceased's Lodge Number _____

Membership Number _____ SSN _____

Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Signature of Worshipful Master: _____ Date: _____

Signature of Lodge Secretary: _____ Date: _____

Seal of Lodge