



# Most Excellent Grand Chapter

Holy Royal Arch Masons

Jurisdiction of Pennsylvania, PHA

Organized: May 19, 1820

## APPLICATION FOR DEATH BENEFITS

Burial Fund Department

This is to certify that Companion \_\_\_\_\_  
 Of \_\_\_\_\_ Chapter No: \_\_\_\_\_ died on the \_\_\_\_\_ day  
 Of \_\_\_\_\_ 20\_\_ in the City and State of \_\_\_\_\_,  
 He was interred on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_  
 Cemetery located in the City of \_\_\_\_\_ State of \_\_\_\_\_  
 Said Companion was a member in good standing with the above Chapter  
 Having all dues and assessments paid up to date at his death, and is entitled to  
 the benefits under the provisions of the Charity Department. Benefits are to be  
 paid to \_\_\_\_\_, who is his \_\_\_\_\_ and resides at the  
 following address \_\_\_\_\_, City of \_\_\_\_\_  
 State of \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Most Excellent High Priest

\_\_\_\_\_  
Secretary

Seal

Original Death Certificate must be submitted with this form

### STATEMENT OF UNDERTAKER (optional)

I \_\_\_\_\_ Undertaker am engaged in business at  
 \_\_\_\_\_ Funeral Home located in the City of  
 \_\_\_\_\_ State of \_\_\_\_\_ Zip \_\_\_\_\_ Phn. No: \_\_\_\_\_

Certify the following: I prepared the body of the late \_\_\_\_\_,  
 For burial on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_. I interred his body in  
 \_\_\_\_\_ Cemetery in the City of \_\_\_\_\_, State of \_\_\_\_\_  
 State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, I certify that the  
 above statements are true and his age was \_\_\_\_\_ years at the time of his  
 death.

\_\_\_\_\_  
Undertaker

\_\_\_\_\_  
Date

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### For Official Use Only

Date Received: \_\_\_\_\_ Order No: \_\_\_\_\_ Date \_\_\_\_\_

ID No: \_\_\_\_\_ Check No: \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_  
R. E. Grand Secretary

\_\_\_\_\_  
R. E. Grand Treasurer

White Copy/R.E.G. Secretary

Yellow Copy/R.E.G. Statistician

Pink Copy/Chapter