

RECEIVED _____

Burial Department

Paid Check # _____ Date _____

DEATH CLAIM BLANK
ELKS GRAND LODGE
I. B. P. O. E. OF W.

Headquarters
Elks Grand Lodge
P.O. Box 159
Winton, NC 27986

Amount \$ _____

E.R./D.R. _____ Signature _____

Secretary _____ Address _____

City _____ State _____ Zip Code _____

Lodge/Temple _____ State _____

This is to certify that Brother/Daughter _____

Who died on the _____ day of _____ 20____ in City/Town of _____

State _____ Address _____

Was a member in good standing with the above Lodge/Temple having paid dues and assessments at the time of death and is entitled to death donation under provisions of the Burial Department.

He/She joined or reinstated into the Burial Department on the _____ Day of _____ 20____

Pay To: _____ Relationship _____

Address _____ City _____

State _____ Zip Code _____

STATEMENT OF UNDERTAKERS OR CREMATOR

I, _____ Undertaker/Cremator, engaged in business in

City or Town of _____ State of _____ Zip Code _____

Address _____ do certify as follows:

I prepared the body of the late _____ for Burial/Cremation

On the _____ day of _____ 20____ - _____, Cremator

I interred said body in _____ Cemetery, In City of _____

State _____ County _____ on the _____

Day _____ 20____, Undertaker _____

Dated _____

Enclose a Certified Copy of the State Death Certificate. Affix seal of Lodge or Temple.
The application must be filled out completely.