



**PROOF OF DEATH**  
**MOST ILLUSTRIOUS UNION GRAND COUNCIL**  
**ROYAL AND SELECT MASTERS OF FLORIDA**  
**P.H.A. and JURISDICTION INC.**  
**BURIAL RELIEF FUND**

FOR  
SUBORDINATE COUNCILS UNDER THE PROTECTION OF THE  
MOST ILLUSTRIOUS UNION GRAND COUNCIL. ROYAL AND SELECT MASTERS,\  
STATE OF FLORIDA, PHA & JURISDICTIONS, INC.

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

DATE \_\_\_\_\_

DECEASED MEMBER'S NAME: \_\_\_\_\_

AMOUNT OF BRF BENEFIT: **\$150.00**

BENEFICIARY

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

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

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

CONCIL NAME: \_\_\_\_\_ Council No. \_\_\_\_\_

I hereby certify that Companion \_\_\_\_\_

Is a member of \_\_\_\_\_ Council No. \_\_\_\_\_

Located at \_\_\_\_\_, Florida

Thrice Illustrious Master

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

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

Recorder

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

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

( SEAL )