



Most Worshipful Prince Hall Grand Lodge F. & A.M. State of South Carolina



E. M. Gibson, 33°
Grand Secretary

The Relief Commission

Nathaniel Durant, 33°
M. W. Grand Master

_____ Member

APPLICATION FOR DONATION

S.C. _____ 20_____

Physicians Statement

Full name of deceased: _____ Age _____

Where did the deceased die? _____ When? _____

When did you first attend deceased in last illness? _____

Date you last visited: _____

State briefly the cause of death: _____

Date of death: _____

Have you furnished a Certificate of Death to the Health Department? Yes/No _____

(I hereby certify that the foregoing answers are correct)

Date: _____, 20_____ M.D.

Address: _____

Lodge Officers' Statement

Name and number of lodge: _____

Name and address of W.M.: _____

Name and address of secretary: _____

Name of deceased brother: _____

Was he married or single? _____ Did he have children? _____

Was deceased in good standing with local lodge? _____ Grand Lodge? _____

Name and address of widow: _____

If there is no widow, to who is the donation to be made: _____

Address: _____

By what right of relationship is this to be paid? _____

Signed: _____ Worshipful Master

Lodge Seal Signed: _____ Secretary

NOTE: - This blank must be signed in person by the officers designated and the SEAL of the Lodge affixed. NO BLANK WILL BE ACCEPTED WITHOUT THE DOCTOR'S CERTIFICATE OR CORONER'S STATEMENT. If no doctor can be found, secure a duplicate death certificate for the County and send attached. SEND THIS BLANK PROPERLY FILLED OUT AND SIGNED TO THE GRAND SECRETARY'S OFFICE.