

NOTICE OF DEATH

Lodge Name: _____

District No. _____ Lodge No. _____

Membership No.(s) _____

PRINT FULL NAME OF
DECEASED MEMBER _____

ADDRESS _____

DATE OF DEATH _____
MONTH DAY YEAR

NAMES OF
SURVIVORS _____

WILL MEMORIALS TO THE S/N FOUNDATION BE REQUESTED? _____

DATED _____ SIGNED _____

LODGE OFFICER

Form 10-A (12/04)

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