



CERTIFICATION OF DEATH

_____ Chapter No. _____

This is to certify that Sister (Brother) _____
who demised on _____ 20 _____, was at the time of death, a member in good standing in the
Grand Chapter. Upon careful and thorough consideration of this demise, according to the guidelines set forth by
Cecelia Dunlap Grand Chapter, we recommend that the beneficiary listed:

Name: _____ Address: _____

City _____ State and Zip Code _____

be granted a donation from Cecelia Dunlap Grand Chapter, O.E.S., P.H.A. of Kentucky.

_____ Signature **and** Date of Matron

(CHAPTER SEAL)

_____ Signature **and** Date of Patron

_____ Signature **and** Date of Secretary

CERTIFICATION OF BENEFICIARY

This is to certify that I, _____

and/or _____,

are duly authorized beneficiary(s) of _____

Signature _____ Signature _____

CERTIFICATION OF UNDERTAKER

This is to certify that I, a licensed undertaker of _____, located at _____,

buried _____ on _____ 20 _____.

Signature _____

CERTIFICATION OF NOTARY

This is to certify that the signature(s) immediately above, and made in my presence, is that of _____

My Commission Expires _____, 20 _____ Signature _____

(NOTARY SEAL)

NOTE: This form must be submitted to Grand Secretary within 90 days of death, whether in or out of state. If this form is not received within the time frame listed, all funds will be **null and void**. A Death Certificate from the State is **NOT** required.