



**CDGCOES Form 10 (Revised 1/21)**

Cecelia Dunlap Grand Chapter, OES of Kentucky, INC., PHA

**CERTIFICATION OF DEATH**

\_\_\_\_\_ Chapter No. \_\_\_\_\_

This is to certify that Sister (Brother) \_\_\_\_\_  
who demised on \_\_\_\_\_, 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 the Benefit Committee, we recommend that the beneficiary listed:

\_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State and Zip Code \_\_\_\_\_

be granted a donation from Cecelia Dunlap Grand Chapter, O.E.S. of Kentucky, Inc., PHA

\_\_\_\_\_  
**(CHAPTER SEAL)** \_\_\_\_\_ Signature **and** Date of Worthy Matron  
\_\_\_\_\_ Signature **and** Date of Worthy 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 FUNERAL DIRECTOR**

This is to certify that I am a licensed Funeral Director of \_\_\_\_\_,  
located at \_\_\_\_\_,  
buried \_\_\_\_\_ on \_\_\_\_\_.

Signature \_\_\_\_\_

*A Death Certificate from the state or obituary can be used as proof of death.*

**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**.