



SLOVAK CATHOLIC SOKOL

P.O. BOX 899 • 205 MADISON STREET
PASSAIC, NEW JERSEY 07055
Telephone: (973) 777-2605

PROOF OF LOSS

DEATH CLAIM

This is to certify that _____,
member of Assembly/Wreath _____ of the Slovak Catholic Sokol, holder
of certificate No. _____, issued by the Slovak Catholic Sokol, in the sum of
_____ Dollars (\$ _____),
appeared before me and requested a duplicate as the original certificate has been lost or
destroyed, and every effort has been made to locate said certificate without success, and to
the best knowledge of the insured member.

Signature of Family Member

Secretary of Assembly/Wreath

Street

City State Zip Code

Dated _____



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PROOF OF LOSS

DUPLICATE CERTIFICATE

CASH SURRENDER

This is to certify that _____,
member of Assembly/Wreath _____ of the Slovak Catholic Sokol, holder
of certificate No. _____, issued by the Slovak Catholic Sokol, in the sum of
_____ Dollars (\$ _____), personally
appeared before me and requested a duplicate as the original certificate has been lost or
destroyed, and every effort has been made to locate said certificate without success, and to
the best knowledge of the insured member.

Signature of Member

Secretary of Assembly/Wreath

Street

City

State

Zip Code

Dated _____