

FOR HOME OFFICE USE ONLY

Slovak Catholic Sokol

Passaic, N.J.



INSTRUCTIONS

1. This Death Report, together with the membership certificate of the deceased and a copy of his/her death certificate, must be sent to the Supreme Secretary of the Slovak Catholic Sokol before payment can be made.
2. If part or all of the benefit was designated for funeral expenses, an itemized statement for funeral expenses form the Funeral Director must be forwarded to our office before a payment can be made.
3. Should a member die abroad a certification, signed by an authorized individual should be obtained and forwarded to the Home Office.
4. In the event that the Assembly/Wreath is arranging for the funeral, they should remember they may not exceed designated amount of funeral expenses.

Death Benefit Report

Name _____
Assembly/Wreath No. _____ Cert. No. _____
Location of Assem. _____
Was Member _____ Yrs. _____ Months _____
Monthly dues to Hdqts. \$ _____
Total Death Benefit \$ _____
Due Hdqts. for Loan \$ _____
Beneficiary \$ _____
Date of Death _____
Received Notice _____ 20____
Beneficiary _____
Claim Register No. _____
Date Paid _____
Check No. _____

SLOVAK CATHOLIC SOKOL

Phone (973) 777-2605

P.O. Box 899 • 205 MADISON STREET, PASSAIC, NEW JERSEY 07055

Claim No. _____

DEATH BENEFIT REPORT

Name _____ Member of Assembly/Wreath _____

Located in the City of _____ Certificate No. _____

The certificate is hereby enclosed. Date of death _____

Died in City of _____ Age at time of death _____

QUESTIONNAIRE

Date of admittance of S.C.S. _____

Married or single? _____

Spouse's name and address? _____

Are there any children? _____ List their names and ages _____

That the above answers are, to the full extent of our knowledge correct and truthful, we do set our hand, in the presence of one another and affix our official seal.

Dated at _____ Date _____ 20 _____

Assembly/Wreath Officer

Note: Officer must sign his own name. Every question must be answered, the certificate must be sent to the main office.