



# GRAND CHAPTER ORDER OF THE EASTERN STAR

*Rite of Adoption for the State of North Carolina*

*An affiliate of the Most Worshipful Prince Hall Grand Lodge of Free and Accepted Masons of North Carolina and Its Jurisdiction, Inc.*

DEATH CLAIM FORM						
(Please Print)						
Chapter Name & No.				Date		
DECEASED MEMBER INFORMATION						
Last Name		First	Middle	Mr. <input type="checkbox"/>	Miss <input type="checkbox"/>	Marital Status (circle One)
				Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Single/ Mar/ Div/ Sep/ Wid
Is Deceased a member of Benevolent Department? Yes [ ] No [ ] (If no go to next section)		Birthdate ____/____/____	Initiation Date (must have month & year) Mo. _____ Day _____ Year _____			
DECEASED MEMBER INFORMATION (continued)						
Was Member Excluded for nonpayment of dues?		Yes [ ] No [ ] (If yes give date)		____/____/____		
Date reinstated	____/____/____	Death Date	____/____/____	Age _____	Sex F <input type="checkbox"/> M <input type="checkbox"/>	
Name of Beneficiary (s)	Relationship to Deceased	Address		City	State	
					Zipcode	
CHAPTER INFORMATION						
Chapter Name	Chapter No	Chapter Address			Zip Code	
Certified Original Death Certificate Attached?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I do certify that the information provided is correct: Signed _____,				Worthy Matron		
I do certify that the information provided is correct: Signed _____,				Secretary		
GRAND CHAPTER OFFICE USE ONLY						
Date Received	Is Death Certificate Attached?	Membership Application in GC Files?		Name on Current AR?		
____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Age at Initiation/Obligation		Length of Membership	Does Beneficiary Match?	If no, is there a "Change of Beneficiary Form		
____		____	Yes <input type="checkbox"/> No <input type="checkbox"/>	on file? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Processing Date	Voucher #	Check #	Date Check Mailed	Name Added to Database	Database Updated	
____/____/____	_____	_____	____/____/____	____/____/____	____/____/____	
Problem with Claim?	Info to Chapter Date	Reply Received from Chapter		Claim Completed	Completed By	
Yes <input type="checkbox"/> No <input type="checkbox"/>	____/____/____	____/____/____		____/____/____	_____	

Define Problem(s) with claim: \_\_\_\_\_

\_\_\_\_\_

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Chapter Seal |