



**Most Worshipful Prince Hall Grand Lodge F. &A.M.
State of South Carolina**



McDuffie Bartelle, 32°
R.W. Grand Secretary

The Relief Commission

E. Spencer Scott, 33°
M. W. Grand Master

.....Member
APPLICATION FOR DONATION

_____ S.C. _____ 20__

Physicians Statement

Full name of deceased: _____ Age _____

When did you first attend deceased in last illness: _____

Date you last visited: _____

State briefly the cause of death: _____

Date of death: _____

Have you furnished a Certificate of Death to the Health Department?

(I hereby certify that the foregoing answers are correct)

Date: _____, 20__ _____ M.D.

Address _____

Lodge Officers' Statement

Name and number of lodge:

Name and address of W.M.:

Name and address of secretary:

Name of deceased brother:

Did he have children? _____

Was deceased square with local lodge? _____ With Grand Lodge?

Name and address of widow:

If there is no widow, to who is the donation to be made:

Address:

By what right of relationship is this to be paid?

Signed: _____ Worshipful Master

Lodge Seal _____ Secretary

NOTE: - This blank must be signed in person by the officers designated and the SEAL of the Lodge affixed. NO BLANK WILL BE ACCEPTED WITHOUT THE DOCTOR'S CERTIFICATE OR CORONER'S STATEMENT. If no doctor can be found, secure a duplicate death certificate for the County and send attached. SEND THIS BLANK PROPERLY FILLED OUT AND SIGNED TO THE GRAND SECRETARY'S OFFICE.