



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



McDuffie Bartelle, 32°  
R.W. Grand Secretary

**The Relief Commission**

Victor C. Major, 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.**