



CERTIFICATE OF MADAM SECRETARY

Ladies Auxiliary No. _____ F.O.E.

(City)

(State/Province)

Date _____/_____/_____

On my honor, I, the undersigned confirm:

_____ **I have examined** the statements made by the **claimant** on the enclosed **FUNERAL BENEFIT CLAIM FORM** and to the best of my knowledge, believe them to be true and correct.

_____ I certify that the deceased member in reference was **initiated or re-enrolled** on: (Month) _____ (Day) _____ (Year) _____ which was before her 55th birthday, and has been a member in good standing for 12 months of continuous membership in our Auxiliary up to the time of her death.

_____ On the day of her death as shown on the CLAIM FORM her **dues were paid in advance to**: (Month) _____ (Day) _____ (Year) _____.

Signed _____

Madam Secretary

SEAL
OF
AUXILIARY

(daytime telephone #)

(e-mail address)

Deceased Member Name _____

Grand Aerie I.D. Number _____

Per Ladies Auxiliary Statutes Section 26.1, Forms must be executed within 90 days after the death of deceased member

1623 Gateway Circle South, Grove City, Ohio 43123 Phone: (614)883-2200 Fax: (614)883-2201
funeralbenefits@foe.com

(Revised 03/2024)