



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 #)

Deceased Member Name

 (e-mail address)

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)