Grand Council Cryptic Masons of the State of New York
DEATH REPORT FORM

(This form is to be sent to the Grand Recorder and the Grand Chaplain assigned to the Council’s Cryptic District, as soon as the Council Recorder is notified of the Companion’s passing. Thank You.)

NAME OF DECEASED COMPANION: __________________________________________

DATE OF BIRTH: ____________ AGE: _____ DATE OF GREETING: ____________

DATE OF DEATH: ____________ WAS ILLNESS LONG? Yes or No (Circle One)

WAS DEATH AN ACCIDENT? Yes or No (Circle One)

NAME OF WIDOW, OR NEXT OF KIN: _______________________________________

ADDRESS: ________________________________________________________________

(Please include Zip Code, if possible)

OTHER PERTINENT DATA ON DECEASED, INCLUDING ANY OFFICE HELD:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
(Use The Back Of This Form If Needed Or Enclose Obituary Clipping)

NAME AND NUMBER OF COUNCIL: _________________________________________

NAME OF COUNCIL RECORDER: ___________________________________________

_________________________________________________________—CUT HERE—______________________________________________________________________

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