



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: _____

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