



**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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