



**GOLDEN STATE GRAND CHAPTER
ORDER OF THE EASTERN STAR, P.H.R.A.
STATE OF CALIFORNIA**

APPLICATION FOR FACILITY OF PAYMENT

DATE: _____

**ALL QUESTIONS LISTED BELOW MUST BE ANSWERED COMPLETELY. THIS FORM
MUST BE ACCOMPANIED BY A CERTIFIED COPY OF THE DEATH CERTIFICATE
AND A RECEIPT OR COPY OF THE CONTRACT WITH THE MORTUARY.**

CHAPTER NAME: _____ CHAPTER NO. _____

NAME OF DECEASED: _____ AGE: _____

DATE INITIATED: _____ HOW LONG A MEMBER OF THIS CHAPTER _____

DATE OF DEATH: _____

NAME AND ADDRESS OF MORTUARY: _____

HAS THE FUNERAL BILL BEEN PAID _____ (YES) _____ (NO) DATE PAID _____

NAME OF INDIVIDUAL WHO PAID FUNERAL BILL: _____

WORTHY MATRON SIGNATURE

CHAPTER SECRETARY SIGNATURE

CHAPTER SEAL

PLEASE NO WRITE ON SPACES BELOW

Date received by Grand Secretary: _____

Date Paid: _____ Check No.: _____