

CERTIFICATION OF DEATH

Hall of _____ Lodge No. _____, A. F. & A. M.

Located at _____ Date _____
City and State

This is to certify that:

Brother _____

who passed away on _____, _____ was at the time of his death

a member in good standing of the above named Lodge.

(Lodge Seal)

Secretary Signature

MASONIC RECORD

DATE OF BIRTH _____

PLACE OF BIRTH _____

ELECTED DATE _____

INITIATED DATE _____

PASSED DATE _____

RAISED DATE _____

IN LODGE _____

FORM 6-B