



**GRAND CHAPTER ORDER OF EASTERN STAR OF VIRGINIA, PHA  
ENDOWMENT DEPARTMENT PROOF OF DEATH CLAIM FORM**

Full Name of Deceased Member \_\_\_\_\_

Certificate of Membership Number \_\_\_\_\_ Date of Certificate \_\_\_\_\_

Date of Death \_\_\_\_\_ Age at Death \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Relationship to Deceased Member \_\_\_\_\_

Name of Parent/Legal Guardian of Minor Beneficiary \_\_\_\_\_

**(Please note that if the beneficiary is a MINOR, the parent(s) and/or legal guardian(s) information must be completed)**

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Name of Chapter \_\_\_\_\_ No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Worthy Matron

**CHAPTER SEAL**

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Printed Name of Secretary

Address: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Please return the following with the Proof of Death Claim Form in order to process this claim:

1. Certificate of Membership (if available)
2. A copy of the Death Certificate or a copy of the Funeral Program or Obituary

Submit to: Grand Chapter Order of Eastern Star, PHA  
Attn: Endowment Department  
P.O. Box 6744  
Richmond, VA 23230-0744

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**Office Use Only**

Date Received in Grand Chapter Office \_\_\_\_\_

Date Processed by Endowment Department \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

(Revised 8/2016)