

**CHURCH OF GOD BY FAITH, INC.**

2409 Old Middleburg Rd N.

Jacksonville, FL 32210

Office (904) 779-5469 \* Fax (904) 779-5399

**Burial League Fund Death Claim**

This form must be completed by the deceased member's pastor or an authorized agent of the local church and returned to the National Office, along with a copy of the deceased member's Burial League Certificate or a certified death certificate before the funds can be paid. All questions on this claim should be answered.

**Please print clearly**

1. Name of Deceased \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M\_\_\_\_ or F \_\_\_\_

3. Date he/she joined Burial League \_\_\_\_\_

Month/day/year

4. Age when he/she joined \_\_\_\_\_ Age at death \_\_\_\_\_

5. Is member entitled to receive the full amount offered by the Fund? Yes \_\_\_\_\_ No \_\_\_\_\_ (Note: Members that joined OVER the Age of 60 ARE NOT eligible for full benefits.)

6. Is monthly assessment current? Yes \_\_\_\_\_ No \_\_\_\_\_ (If NO, give date of last payment) \_\_\_\_\_  
Month/year

7. Was deceased a member of the Church of God by Faith, Inc.?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, give location of the church \_\_\_\_\_

8. Name of Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relation to Deceased \_\_\_\_\_

\_\_\_\_\_  
**Pastor's Signature**

\_\_\_\_\_  
**Burial League Representative**

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