



**Rev. Joseph T, Thornton Most Excellent
Prince Hall Grand Chapter,
Holy Royal Arch Masons (PHA)**



**(Jurisdiction of Oklahoma)
PO Box 3666
Broken Arrow, OK 74013-3666**

**MASONIC BENEFIT ASSOCIATION
DEATH PROOF FORM**

Subject: Death of Companion

To: Grand Secretary/Treasurer, MBA Department

We the undersigned officers of _____ Chapter No. _____

located in _____, _____ do hereby certify that Companion

_____, a financial member of this Chapter passed

on the _____ day of _____, 20____. We hereto submit this official proof of death form

along with the name of his officially designated beneficiary. The name of the primary beneficiary is:

Name _____, Relationship, _____, Age, _____.

The beneficiary's address is:

City: _____, State, _____ Zip code _____

NOTE: Death Certificate must be provided before claim can be paid.

Verified by the below named Chapter officers:

EHP: _____

SECRETARY: _____

(Note: The completion of this form in no way binds the MBA department in any case.)

(Chapter Seal)



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**EXCELLENT HIGH PRIEST'S CHECKLIST
FOR DECEASED COMPANIONS**

Masonic Rites Elections Form

I, _____, do hereby elect and request that the following Masonic Rite(s) be performed by the appropriate Masonic bodies prior to my funeral as indicated by the check mark(s).

rites to be conferred	YES	NO
1. Ancient Egyptian Arabic Order Nobles of the Mystic Shrine Rites	YES	NO
2. Ancient Accepted Scottish Rite of Free Masonry (AASR)	YES	NO
3. York-Rite Masonic Services	YES	NO
a. Knights Templar Masonic Rites	YES	NO
b. Holy Royal Arch Masonic Rites	YES	NO
4. Ancient Craft Masonic Rites	YES	NO
5. I do not wish to have any Masonic Rites performed	YES	NO

It is my wish that the elections made herein be communicated to my wife, children and/or my surviving heirs who will be handling my affairs after my death.

Completed this day of:
Print (Print Name)
(Companions Signature)
Date Attested:
Secretary's Signature
Family Member's Signature:

Verified by the below named Chapter officers:

EHP: _____

SECRETARY: _____

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Chapter Seal:



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DECEASED COMPANION CHECKLIST

Companion's Name		Date of Passing:			
Chapter's Name and Location					
Primary Beneficiary's Name					
Primary Beneficiary's Address					
Have the following individuals been notified		G-SEC & MEGHP		DDGHP	
		YES	NO	YES	NO
CHECKLIST ITEMS					
				YES	NO
Had Companion fully completed his designation of beneficiaries' form?					
Did Companion complete an Election of Masonic Rites Form and is his family aware of his desires?					
Has the Chapter completed and submitted the Death Proof Form?					
Has the EHP met with the WM and other heads of houses to coordinate visitation with the Companion's family?					
Has the Masonic Benefit Association program and how it operates been explained to the family?					
Has the family been made aware that an original copy of Death Form be provided before beneficiary can be paid?					
Ensure the family understands that no benefits or Masonic Rites can be provided to an unfinancial Companion?					
Does the family want to have Masonic Rites Performed?					
Was the family made aware that it is their choice whether to have Masonic Rites performed?					
Has the family been informed of what Masonic Rites the Companion is eligible to have performed?					
Does the family understand that some funeral homes charge a set-up fee for Masonic Rites?					
Has all required information on this Companion been sent to the Grand Secretary?					
Has the EHP ensured that no information has been released on Companion without the family's permission?					
Was Companion financial at the time of his passing?					

In accordance with (IAW) the Constitution and Bylaws of the Grand Chapter, any benefit due to my estate shall be paid to my primary designated beneficiary. In such case as my primary beneficiary is deceased or no longer qualified to receive my benefit, the procedures established IAW said Constitution and Bylaws shall be followed. I fully understand that any beneficiary named by me must be at least eighteen (18) years of age to qualify to receive my benefit. I further state that any certificate or instrument presented designating any other person(s) as my beneficiary shall be considered as null and void. I also acknowledge that my failure to update this form when changes occur may result in my benefit being paid to an individual designated on a previous form(s) and that only the most current signed form will be used.

_____ EHP's Signature

_____ Secretary's Signature

_____ Date

(SEAL)



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NOTIFICATION PROTOCOL for DECEASED COMPANIONS

1. Notify the Grand Chapter when a member of your Chapter passes.
2. Notify the DDGHP and other Masonic organizations of passing of the deceased.
3. Gather and pass on any information known concerning preliminary arrangements.

COORDINATION

1. Coordinate with the Worshipful Master of the lodge that the deceased was affiliated with to coordinate visitation with the deceased member's family.
2. Introduce yourself to the family of the deceased and respectfully inform them of the following:
 - a. That the deceased is eligible to receive final Masonic Rites.
 - b. Inform them of the types of services offered by the Chapter.
 - c. Determine whether the family desires to have Masonic Rites for the deceased.
 - d. Inform the family of what is required to perform the Masonic Rites and respectfully request that those items, if applicable, be released to you for the service.
 - e. Inform the family of the deceased that all decisions concerning the service are to be decided by the family and that their wishes are final authority as it pertains to the limits of what functions the Chapter can perform.
 - f. Respectfully request a copy(s) of the deceased member's death certificate. Inform them that it is required to be filed for the death benefit due to be paid to his beneficiary.
 - g. Be mindful of and respect the fact that the family may decide not to have final Masonic Rites for the deceased.
3. Meet with the other heads of Masonic bodies to assist, if requested, to draw up the final plans by which they will execute the wishes of the deceased member's family.
4. Coordinate with the DDGHP to obtain a copy of the Death Resolution to be read at the home going service and presented to the family of the deceased.

NOTES

1. ***Ensure that the deceased was a financial Companion in his Chapter. If the deceased is unfinancial in the Grand Chapter but paid his dues for all required quarters, then payment of the death benefit shall be the responsibility of the local Chapter.***
2. ***Respectfully inform the family that they must inform the funeral home of their desire to have Masonic Rites for the deceased and inform them that a setup fee may be charged if not already negotiated as a part of the burial package.***