MORTUARY BENEFIT REQUEST FORM

To: Latvian Relief Fund of America, Inc.
P.O. Box 8857, Elkins Park, PA 19027

Please be advised of the death of LRFA member:

_____

Name of Deceased Date of birth LRFA membership #

_____

Date of death

I request the Mortuary benefit be paid to:

_____

Name or Organization Relationship LRFA membership #

_____

Postal address

_____

_____

Phone #

Enclosed:

_____ Death certificate/ copy

_____ LRFA Membership card

_____ Invoice of burial expenses

_____ _____

Date Signature

F-39a
(6-01)