

# RBO

RUSSIAN BROTHERHOOD ORGANIZATION OF THE U.S.A.

A FRATERNAL BENEFIT SOCIETY

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THIS PAGE TO BE FILLED IN BY THE LODGE OFFICERS

Lodge } No. \_\_\_\_\_ Amt. of Insurance } \$ \_\_\_\_\_ Certificate No. } \_\_\_\_\_

## PROOF OF DEATH OF A MEMBER

Lodge } \_\_\_\_\_ at } \_\_\_\_\_ State } \_\_\_\_\_

Hereby notifies the Supreme Office of the Russian Brotherhood Organization of U.S.A.

that } \_\_\_\_\_ died on the } \_\_\_\_\_ day of } \_\_\_\_\_ year } \_\_\_\_\_  
Name of deceased month

at } \_\_\_\_\_ State } \_\_\_\_\_ Age of deceased } \_\_\_\_\_

Date of entry into R.B.O. of U.S.A. } \_\_\_\_\_ month } \_\_\_\_\_ year } \_\_\_\_\_ single, married } \_\_\_\_\_

Name of wife (husband) } \_\_\_\_\_ Age } \_\_\_\_\_ Previous address of wife (husband) } \_\_\_\_\_

\_\_\_\_\_ No. of children } \_\_\_\_\_  
State correct address

NOTICE: If each death benefit is designated to the children, please give their names, ages and present address.

To whom is the death benefit designated } \_\_\_\_\_ Age of beneficiary } \_\_\_\_\_  
Name of beneficiary

Address of beneficiary \_\_\_\_\_  
State correct address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Signature of beneficiary

Dated at } \_\_\_\_\_ State } \_\_\_\_\_ day } \_\_\_\_\_ month } \_\_\_\_\_ Year } \_\_\_\_\_

\_\_\_\_\_ President of Lodge

\_\_\_\_\_ Treasurer of Lodge

\_\_\_\_\_ Secretary of Lodge

Notice: - This proof of the member's death must be filled out - 1. By the Lodge. 2. Attach death Certificate or have page 2 completed by physician or coroner  
3. Upon completion, this proof must be mailed to the Home office of the R.B.O. of the U.S.A. together with the membership certificate of the deceased member.

R.B.O.-100