



Bermuda Industrial Union

Funeral Benefits

Date:

NAME OF DECEASED MEMBER.....
Last First Middle

FORMER ADDRESS:

DATE OF DEATH: Day..... Month..... Year.....

FORMER DIVISION:

TELEPHONE (Home)

NAME OF UNDERTAKER:

Name of Beneficiary or Person Responsible for Burial:

ADDRESS:

I hereby apply for benefit on behalf of the late:

Signed,

.....

FOR OFFICIAL USE ONLY

Joined: Rejoined:

Amounts Approved: \$

Executive Board Remarks:

.....

Signed: