



AFFIDAVIT IN LIEU OF LOST OR DESTROYED CERTIFICATE for Death Claim

County of _____

State of _____

I, the duly designated beneficiary of the late _____ a member of
Subordinate Assembly #: _____ of the National Slovak Society of the USA, being duly sworn according to law upon
my oath say that the membership certificate of the decedent has been lost or destroyed and for that reason cannot be sur-
rendered to the National Slovak Society as required by the NSS By-Laws.

Assembly/Circle #: _____

Certificate #: _____

Beneficiary Signature

Street

Please have your signature verified below

City State Zip

(Witness)

Date ____ / ____ / 20 ____

Phone (____) ____ - ____