

**WIDOW & CHILDREN APPLICATION**

**Must be in ink. A full and complete answer to each question required**

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Mothers Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_  
Month Day Year

Present Address \_\_\_\_\_  
No. Street Town Zip Code

How long at this address \_\_\_\_\_

List Name and Telephone number of someone to contact, in case you cannot be reached.

\_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Fathers Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Lodge \_\_\_\_\_ Number \_\_\_\_\_

Do you work full or part time yes/no If yes monthly \$ amount you clear \_\_\_\_\_  
Employer \_\_\_\_\_

Children's Names Living at Home or That You are Responsible for Their Income

\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Do you receive child support Yes / No If yes monthly amount \_\_\_\_\_

Do you or the children receive income Yes / No If yes from whom \_\_\_\_\_  
amount \_\_\_\_\_

Do you or the children receive Social Security Yes/No if yes monthly amount \_\_\_\_\_

Are you now receiving state aid or food stamps Yes / No if yes monthly amount \_\_\_\_\_

**If additional space is needed use back of page.**

\_\_\_\_\_  
**Signature** **Date**