## MOTHER'S APPLICATION

Name		
First	Middle	Last
Birthdate Month Date Year	_	
Date	Full Name	
Present Address		How long at this addressYear
Your Son's Name		LivingDeceased
Your Son's NameFirst	Middle	Last
Name of Lodge, he is/was a member of		
Location	His occupation	
Do you own the home where you are living no	wValu	e
Is it Mortaged		
Holder of Mortgage		
Any unpaid TaxesYears	Total Amount	
Do you own any other property		
Is your Husband living, if not did l	he leave you any insurance	What amount
If so, give full description, value and etc		
Did your husband leave any property		
What has been your means of living since his c		
Do you receive Social Security		
Do you have a jobEmployeer		Address
How much do you clear per month		
Are you now reciving state aid	How much	
Are you in good health	If not, give details	
How many children		
List below children, Give full information		
Name	Address	Age Occupation
Are they able to assist you. If yes how much, if	f no reason why	
Father's Name	Age Addre	ess
Mother's Name	AgeAddre	ess
Father-in-law's name_	Age Addr	ress
Mother-in-law's name_	Age Addr	ess
Are they able to assist you. If yes how much, if	f no reason why	

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