



Ladies Pennsylvania Slovak Catholic Union

Family Life Insurance

71 South Washington Street * Wilkes-Barre, Pennsylvania 18701
Phone 570-823-3513 * Fax 570-823-4464 * Toll free 1-888-834-6614 * E-mail lpescu@lpescu.org

LOST CERTIFICATE FORM

I certify that _____ is a member of Branch No. _____ of the Ladies
Pennsylvania Slovak Catholic Union and that a Benefit Certificate No. _____ was issued _____,
on the _____ in the amount of \$ _____.

Date

National Secretary/Treasurer Signature

I solemnly swear that my benefit Certificate No. _____ in said society has been lost or mislaid
and to the best of my knowledge is not now in existence.

I hereby make application for a duplicate certificate to be issued by the Ladies Pennsylvania
Slovak Catholic Union.

Date

Signature of Member-

Street

City, State and Zip

NOTARY

STATE OF _____

SS

COUNTY OF _____

Sworn to and subscribed before me a Notary Public this _____ day of
_____, 2010.

Notary Public

(Seal)