

**CATHOLIC ASSOCIATION OF FORESTERS**

220 Forbes Road, Suite 205

Braintree, Massachusetts 02184

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**CHANGE OF OWNERSHIP FORM**

Certificate No. \_\_\_\_\_

I, \_\_\_\_\_  
residing at \_\_\_\_\_  
and now a member of \_\_\_\_\_ Court No. \_\_\_\_\_  
hereby order and direct that ownership of my certificate be transferred to the following  
individual:

Name of New Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to the Insured: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Member: \_\_\_\_\_

I hereby certify that I personally witnessed the above-named member affix his or her signature  
to this document.

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

Witness to Signature of member must be an adult  
person other than the owner named herein.