

CATHOLIC ASSOCIATION OF FORESTERS

PO Box 850888

Braintree, MA 02185

(781) 848-8221 or 1-800-282-2263

Fax (781) 848-0311

www.catholicforesters.org

STATEMENT OF LOST CERTIFICATE

I hereby declare the Certificate No. _____ issued to me by the Catholic Association of Foresters has been lost and:

_____ This statement is in lieu of the return of the original certificate as requested.

In the event the original Certificate of Insurance is later found, I agree to forward it to the Home Office of the Society.

Dated at _____ this _____ day of _____ 20_____
(Town, State) (month) (day) (year)

Witness

Signature of the Insured or Beneficiary

Address of Witness

Address of Insured