

CATHOLIC FAMILY FRATERNAL OF TEXAS - K.J.Z.T.
P.O. Box 18896, Austin, TX 78760-8896

REQUEST FOR A DUPLICATE CERTIFICATE

Please fill out completely. If you are changing your name, a copy of your marriage certificate, or a copy of your divorce decree (only the page that shows the name change) must also be returned with this form.

Certificate No. _____ Date _____
 Society Name _____ Society No. _____ City _____

OWNER INFORMATION		INSURED INFORMATION	
Name		Name	
Address		Address	
C/S/Z		C/S/Z	

Maiden Name if Married _____ Date of Birth _____
 Social Security No _____ Phone No. _____
 Amount of Insurance _____ Double Indemnity _____
 Plan of Insurance _____

DESIGNATION OF BENEFICIARY

First Beneficiary:

Last Name	First Name	Social Security #	Date of Birth	Place of Birth	Relationship

Second Beneficiary:

Last Name	First Name	Social Security #	Date of Birth	Place of Birth	Relationship

Date _____ Signature of Owner _____

The Owner must sign in the presence of a witness.

 Signature of Witness

FOR OFFICE USE ONLY	
DATE	_____
BY	_____
OFAC	_____