



Fraternal Relief Request

King Cyrus Grand Chapter, HRAM of Virginia, PHA

Chapter Name & No. _____ Date: _____

From Companion: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Is the Companion requesting aid ill? Yes No
 - a. If Yes, please explain the nature of illness: _____
2. Is the Companion requesting aid physically handicapped? Yes No
 - a. If Yes, please explain: _____
3. If #1 and #2 are answered No, please explain reason for charity request: _____

4. Is he confined to a bed? Yes No
5. Has the subordinate chapter rendered financial assistance to this Brother and utilized all resources for supplemental income? Yes No
 - a. If Yes, please state the assistance provided: _____
 - b. If No, please explain why chapter has not assisted: _____

6. Is the Companion receiving Social Security, Medicare, etc.? Yes No
7. Does the Companion have any dependents? Yes No
 - a. If so, please state how many and their relationships: _____

Companion requesting aid: _____
(Signature)

This is to certify that _____ Chapter No. _____ has made a sincere effort to financially assist the above named Companion.



Excellent High Priest (Signature): _____

Chapter Secretary (Signature): _____

DDGHP (Signature): _____ District: _____

Request: Approved Disapproved _____

(Signature – Chairman of Fraternal Relief Committee)