

MASS AFTER DEATH FUND (M.A.D.)
FORM / APPLICATION

DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE: _____ CELL PHONE: _____

AMOUNT YOU WANT TO ESTABLISH FUND: \$ _____ check # _____

***MASS AFTER DEATH FUND FOR :** _____
(name of person this fund is established for - you or a family member)

NOTE:

***A certificate and return envelope will be mailed to you to keep with your important papers.**

Upon your death, this certificate should be mailed back to us by a family member.

****Once we are notified of your death, all monies in the account will immediately be processed and used for Masses for your soul.**