

THE SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN

FORM W& 0 /A1 APPLICATION FOR FINANCIAL ASSISTANCE

- For 1. Widows & Orphans of Members of the Society:
2. Other necessitous dependants of deceased members of the Society:
3. Necessitous members of the Society

Details of Member or of deceased Member

Name:

Last Address:.....
.....

Date of joining The Society for Relief of Widows and Orphans of Medical Men.....

Date of death of deceased member:.....

Details of person(s) for whom assistance is requested

Family Surname..... Given names.....

Date of Birth..... Place of Birth.....

Country of Residence..... For how long resident in the British Isles?.....

Current Marital Status..... Relationship to deceased member.....

Any dependent children... Yes/No

Names	Ages

Any other dependants?... Yes/No

Names	Ages

Address for Mail.....
.....
.....

Telephone... day..... evening.....

Facsimile.....

e-mail address.....

Please add any further information which you believe might be helpful