

Orange County Benefit Sing Beneficiary Application

Name of person submitting application: _____

Home Phone #: _____ Secondary Phone #: _____

Best time to reach you: _____

Full Name of Potential Beneficiary: _____

Phone: (812) _____ Age: _____ Nickname: _____

Spouse's Name (if Applicable): _____

Address: _____ City: _____

Parents: _____ Phone: (812) _____

Home Church: _____

Summary of Situation:

Please mail this completed application to OCBS, PO Box 184, Paoli, IN 47454 or you may call
Becky Hickman at 812-482-2540 for more information.