

**CATHOLIC FAMILY FRATERNAL OF TEXAS-KJZT  
PRIVACY POLICY AUTHORIZATION**

Name \_\_\_\_\_ Certificate No. \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security No. \_\_\_\_\_

I, the undersigned, hereby request and authorize Catholic Family Fraternal of Texas-KJZT or its designated representative to discuss any and all information and records it may have concerning my KJZT certificate with the following individual(s):

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Social Security No. \_\_\_\_\_

Birth Date \_\_\_\_\_

Place of Birth \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Social Security No. \_\_\_\_\_

Birth Date \_\_\_\_\_

Place of Birth \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Social Security No. \_\_\_\_\_

Birth Date \_\_\_\_\_

Place of Birth \_\_\_\_\_

I specifically declare and direct that a copy of this authorization may be used and shall be considered to have the same force and effect as the original of this authorization.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSURED'S NAME (*printed*)

\_\_\_\_\_  
SIGNATURE

\*\*Complete and mail to: Catholic Family Fraternal of Texas-KJZT,  
PO Box 18896, Austin, TX 78760-8896.