

Pre-Arrangement Form Part 1



Date:

Member #:

Member Information:

First Name:

Middle:

Last Name:

Street Address:

City:

State:

Zip Code:

Phone:

Birthdate:

Email Address:

of Children
Under 18:

Funeral Establishment:

Choose A Funeral Director:

Make selection by pressing arrow at right of box above.

NOTE: The Funeral Directors designated above by asterixes are preferred providers, meaning they offer all Memorial Society plan options at the lowest contract rate. The rest of the listed Funeral Directors offer only the "Simple Direct Cremation" and "Simple Direct Burial" options at Memorial Society reduced pricing, and may charge substantially higher for plans other than Simple Direct Cremation or Burial (see list below).

Choose Preferred Disposition:

Make selection by pressing arrow at right of box above.

If cemetery arrangements have been made, where:

Details such as: disposition of ashes, type and location of rites (funeral, memorial service, or none), name of religious organization, name of clergy, music, organization for memorial donations, etc.

I wish to donate my body to the closest medical teaching facility:

yes

no

I am registered at donateLIFEgeorgia.org for organ donation:

yes

no

I have signed a GEORGIA ADVANCE DIRECTIVE FOR HEALTHCARE:

yes

no

If you have not signed a GEORGIA ADVANCE DIRECTIVE FOR HEALTHCARE, please click [HERE!](#)

Person Responsible For Your Disposition

If you are not married, or assuming your spouse predeceases you, please give the name, address, and telephone number of the person who will be responsible for your disposition. To aid you in making this determination, this is the order of legal net-of-kin: Adult child, parent, sibling, other relative, executor, guardian of property.

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Phone:

Relationship:

After completion of this form, please give a copy to the person you have designated above.

Please complete a separate form for each adult member. Scan and email your completed form to members@memorialsocietyofgeorgia.org or mail it to:

The Memorial Society of Georgia
1911 Cliff Valley Way, NE
Atlanta, GA 30329

For new membership applications, please include a check for \$35 per adult member, payable to the Memorial Society of Georgia.