

Pre-Arrangement Form - Part 1

Download this form to your computer then use Adobe to open the form and complete it. Attach your saved form to an email sent to Members@MemorialSocietyofGeorgia.org. Complete a separate form for each adult member.

NOTE: If you cannot save an electronic copy and must print it out, please print one-sided (3 pages) and DO NOT STAPLE.



Date:

Member #:

If unknown, leave blank.

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 Provider:

Make selection by clicking the tiny triangle on the right end of the box above.

*NOTE: The Funeral Homes designated by asterixes in the drop-down list above are **Preferred Providers**, meaning they offer the Memorial Society plan options at the lowest contract rate.*

Choose Preferred Disposition:

Direct Cremation

Immediate Burial

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

DO NOT PUT YOUR SPOUSE. A spouse will always be the default person responsible. Please indicate who will be responsible for your disposition if you do not have a living spouse at time of death. To aid you in making this determination, the order of legal net-of-kin (after a spouse) is: 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.

If you cannot save this form electronically and must print it out, you may then scan the completed form and email it to members@memorialsocietyofgeorgia.org. Or if you cannot scan and email, please mail to:

The Memorial Society of Georgia
2566 Shallowford Rd., Ste 104, Box #178
Atlanta, GA 30345

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



Pre-Arrangement Form Part II

Death Certificate Information

The Following is needed for death certificate: Please complete as accurately as possible.

First Name:

Last Name:

Last Name at Birth (if different):

Date of Birth:

Gender:

Race:

Birthplace (City & State or name of foreign country):

Citizenship:

Marital Status:

Spouse's Name:

Armed Forces:

Yes

Social Security Number:

No

Education:

Usual Occupation (kind of work done during most of life):

Kind of business or industry:

Father's full name:

Mother's full maiden name:

NOTE: If you prefer for privacy reasons, you may send this page (Part II) directly to your selected Cooperating Funeral Director instead of returning it to the Memorial Society of Georgia. Or, for your convenience, you may include it with the first two pages (Part I) sent directly to the Memorial Society, and we will then forward it via email to your selected CFD.