



## Cleveland Memorial Society

To join the Cleveland Memorial Society, please complete this form and submit it, along with a \$25 check made payable to "Cleveland Memorial Society", to the address below or go to [www.clevememorialsociety.org](http://www.clevememorialsociety.org) to join online.

### About You

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>		
ADDRESS1	<input type="text"/>	ADDRESS2	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
PHONE	<input type="text"/>	DATE OF BIRTH	<input type="text"/> / <input type="text"/> / <input type="text"/>	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FUNERAL DIRECTOR	<input type="text"/>	TYPE OF SERVICE:	<input type="checkbox"/> SIMPLE CREMATION <b>OR</b> <input type="checkbox"/> SIMPLE BURIAL		
SIGNATURE	<input type="text"/>	TODAY'S DATE	<input type="text"/> / <input type="text"/> / <input type="text"/>		

These arrangements have been discussed with the following persons who will be in charge at the time of my death.

### Person 1

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>		
ADDRESS1	<input type="text"/>	ADDRESS2	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
RELATIONSHIP	<input type="text"/>	PHONE	<input type="text"/>		

### Person 2

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>		
ADDRESS1	<input type="text"/>	ADDRESS2	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>
RELATIONSHIP	<input type="text"/>	PHONE	<input type="text"/>		

It is understood that the Cleveland Memorial Society assumes no legal or financial responsibility for the final disposition of the body of any member.

**Mail this form along with your \$25 payment to:** Cleveland Memorial Society, 21600 Shaker Blvd.,  
Cleveland, OH 44122