

LAST WISHES MEMBERSHIP

This Membership sheet will be filed by Last Wishes. The other two papers you are requested to fill out when you join Last Wishes may be filed with this sheet if you wish. If you prefer, you may keep the others for your privacy. If papers are filed at your residence, please inform family members of their existence and location.

Please return this form to a member of Last Wishes.

Preplanning and Vital Statistics sheets may be included if so desired.

Full Name _____

Mailing Address _____

Street Address _____

Phone _____ email _____

Please provide the name of the person you would like Last Wishes to coordinate with at the time of your death _____

Street address _____

Phone _____

If this person is not available, who would you like in their place

_____ Phone _____

Street Address _____

The above information may change. Please be responsible for providing Last Wishes with updates.

Signed _____ Date _____