

**OREGON MEMORIAL ASSOCIATION**

Please complete this form and file it with your end-of-life documents.

To have OMA record your preference for a specific mortuary in your member record, contact us at [omaoregon@gmail.com](mailto:omaoregon@gmail.com) or 503-647-5590.

**Do not email or mail this form to OMA.**

**- PERSONAL INSTRUCTION FORM -**

This is NOT a contract or an application form.

Check One:  NEW  REVISED OMA Member# \_\_\_\_\_ Date joined \_\_\_\_\_ Today's Date \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
First Middle Last

RESIDENCE \_\_\_\_\_  
Number and Street Apartment # City State Zip Code

MAILING ADDRESS (if different) \_\_\_\_\_  
Street or Box # City State Zip Code

PHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
First Middle Last First Middle Last

VETERAN  Yes  No Branch of Service \_\_\_\_\_ Date enlisted \_\_\_\_\_  
Date Discharged \_\_\_\_\_ Service # \_\_\_\_\_ Rank \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
First Middle Last

SURVIVORS? PERSONS TO CONTACT (names/addresses/phone numbers of closest relatives or friends)  
1. \_\_\_\_\_  
2. \_\_\_\_\_

MORTUARY SELECTION (from OMA listing) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DISPOSITION PREFERENCE:  Cremation  Earth Burial  Green Burial  Mausoleum  Other  
(specify) \_\_\_\_\_ ANATOMICAL DONATION?  Yes  No

I do  I do not own cemetery property.  I do  I do not have a prepaid funeral plan policy/trust.  
If yes, location(s): \_\_\_\_\_

MEMORIAL SERVICE:  None  After disposition of remains  Remains present  Survivors decision  
Services to be held at: \_\_\_\_\_ (church, funeral home, other)

Memorial contributions and/or other wishes: \_\_\_\_\_