

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 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

Please give a minimum of two names, addresses and phone numbers of closest relatives or friends

- 1. _____
- 2. _____

MORTUARY SELECTION (from OMA listing) _____

ADDRESS: _____ PHONE: _____

DISPOSITION PREFERENCE (Check one): Cremation Earth Burial Green Burial Mausoleum
Other (specify) _____

ANATOMICAL DONATION? Yes No I do I do not own cemetery property.
If yes, location: _____

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: _____