

APPLICATION FOR MEMBERSHIP

Member # _____

MONTH	YEAR
,	,,
/	/
	MONTH

			М () F ()
FIRST NAME	MIDDLE NAME	LAST NAME		SEX
DATE OF BIRTH	PLACE OF BIRTH	NATIONALITY	CIVIL STATUS	(M,S,D,W)
ADDRESS IN MEXICO		LONIA	TELEPHONE OR CE	LAUIMDED
ADDRESS IN MEXICO	COL	LONIA	TELEPHONE OR CE	LL NOWBER
E-MAIL	PHYSICIAN'S NAME (IN SAN MIGUEL)		TELEPHONE	
			Υ () N (
FATHER'S NAME				LIVING
MOTHER'S FULL MAIDEN NAME			Y () N (
WOTTER OF OLE WAIDEN NAME			Υ () N (
SPOUSE'S NAME			. (LIVING
ODITIONAL "OPTIONAL" INI	ORMATION			
ATTORNEY'S NAME	ADI	DRESS	TELEPHONE	
711.01112.1 011111112	,,,,,	5.1.200		
egally binding, but we have found	that survivors and executors appre	ciate it).		
STRUCTIONS AT TIME OF DECREMATION AND GIVE ASH				
WOULD LIKE RELIGIOUS / M	EMORIAL SERVICES () C	CHURCH () NONE		
CHURCH'S NAME	/ TELEPHONE NUMBER	CLERGY / T	ELEPONE NUMBER	
LEASE NOTIFY THE FOLLOW	VING, INDICATING AT LEAST	TONE PERSON IN SAN MIGUEL:		
NAME	RELATIONSHIP	ADDRESS	PH	ONE
MEMBER	SIGNATURE	NEW LIFE GA	ARDENS	

INFORMATION ABOUT SERVICE:

- Service cost fee \$ 17,600.00 pesos. We accept cash, check, Visa, Master Card, or American Express.
- **INCLUDES:**
 - · Cremation with wood urn, legal paperwork, taxes payment, death certificates and translators.
 - 90%, same-day refund as needed and no grace period: coverage begins immediately after the policy is signed and paid for.
 - Ashes can be shipped worldwide, however, there will an extra charge for this service.
 - · All the information supplied is STRICTLY CONFIDENTIAL and it can be used and shared with others solely in your interest.
- You will need to enclose a photocopy of your BIRTH CERTIFICATE and a photocopy of page with photo from your PASSPORT