

"PRE-ARRANGEMENT FORM"

AMIS Memorial Chapel, Ltd.

#8 Khyber Pass, Warwick, Bermuda WK 03

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PAYMENT []

NON-PAYMENT []

NAME (LAST NAME) _____

GIVEN NAME (S) _____

RESIDENCE OF DECEASED _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX _____ Single [] Married [] Widowed [] Divorced []

NATIONALITY _____ RACIAL ORIGIN: Black [] White [] Other []

HUSBAND OR WIFE OF DECEASED _____

TRADE, PROFESSION OR OCCUPATION OF DECEASED _____

NAMES OF PARENTS:

Father _____

Mother (include maiden name) _____

PLACE OF INTERMENT _____ GRAVE _____

NEXT OF KIN & RELATIONSHIP:

(Name, Address & Tel. #) _____

(Name, Address & Tel. #) _____

SIGNED: _____ DATE: _____

