



1534 Pearl Street • Denver, Colorado 80203 • (303)837-8712 • Fax (303)837-0141  
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Membership advantages are for those who wish to pre-plan their own arrangements. Full membership benefits such as reduced service fees will be extended after the first year of active membership. The non-member rate will apply to members who do not complete their own paperwork or who die within the first year of active membership.

Under this declaration I authorize the release and removal of my body after my death has been medically established to Monarch Society, and to carry out the final disposition I selected as indicated below.

### This section to be completed and signed for CREMATION

- Scattering in Mountains     Release to Family for Disposition     Other: \_\_\_\_\_
- Deliver to Cemetery: \_\_\_\_\_  
(Name of Cemetery) (Address of Cemetery)
- My family and friends may conduct a simple memorial ceremony
- My family and friends may conduct a simple funeral ceremony prior to cremation
- I prefer not to have any services
- Other \_\_\_\_\_

Name Print: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### This section to be completed and signed for CASKET BURIAL

Name of Cemetery \_\_\_\_\_

Address of Cemetery \_\_\_\_\_

Plot or Lot Number \_\_\_\_\_ Section: \_\_\_\_\_ Grave Number: \_\_\_\_\_

- Cemetery to be selected at a later date or by Person in Charge of Arrangements
- My family and friends may conduct a simple memorial ceremony
- My family and friends may conduct a simple funeral service
- I prefer not to have any services

Name Print: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Data**

**-PLEASE TYPE OR PRINT CLEARLY-**

Name Print: \_\_\_\_\_  
First Middle Last

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Residence: \_\_\_\_\_  
Street City State  
County Zip Code Inside City Limits: (Check One)  YES  NO

Never Married  Married  Civil Union  Divorced  Widowed

Name of Spouse: \_\_\_\_\_ Spouse's Maiden Name: \_\_\_\_\_

Birthplace (City, State or Foreign Country): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ If Hispanic, Specify Origin: \_\_\_\_\_ U. S. Veteran:  YES  NO  
Enclose copy of discharge papers

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MANDATORY (KEPT CONFIDENTIAL)

Occupation (Present or Before Retirement): \_\_\_\_\_ Kind of Business or Industry: \_\_\_\_\_

Education (Highest Level Completed) \_\_\_\_\_

Father's Name (Parent One): \_\_\_\_\_  
First Middle Last (Maiden)

Mother's Name (Parent Two): \_\_\_\_\_  
First Middle Last (Maiden)

Name of Person to be notified and/or in charge of Financial Arrangements \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: Day \_\_\_\_\_ Night \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Alternate Person to be notified \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_ Alternate \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

I understand that this information provided is necessary to prepare the death certificate and is kept confidential. Monarch Society Inc does not sell or disclose any personal information with a third party. Service fees are due when services are rendered. I understand that I am not registered with Monarch Society until this form and registration fee are received. By signing below I certify that my information above is correct and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

(Please Complete Other Side)