



**Caring Choices**<sup>TM</sup>  
 Helping families prepare today for their needs tomorrow

**Dignity**  
 MEMORIAL

www.DignityMemorial.com • 1-800-DIGNITY

I would like to secure my benefits through the Dignity Memorial® Your Life, Your Legacy program, which includes a 10% savings on funeral, cremation and cemetery services and merchandise arranged for in advance and when utilizing the services of any Dignity Memorial provider.\*

My Dignity Memorial® provider of choice is:

ANDERSON & CAMPBELL F.H.

(Please select from the list provided)

\*Program is not available where prohibited by law. Discount does not apply to cash advance items. When selecting an already discounted Dignity Memorial Plan, seminar participant and spouse are entitled to the greater of the two discounts. Savings is valid for 60 days after seminar date. I understand that a local Dignity Memorial representative will call me, but I am under no obligation. Dignity Memorial is a brand name used to identify a network of licensed funeral, cremation and cemetery providers that comprise the Dignity Memorial Network. The Dignity Memorial Network includes affiliates of Service Corporation International, the world's largest death care company.

**IMPORTANT PLANNING QUESTIONS**

- I would prefer:
 

<input checked="" type="checkbox"/> Burial	<input type="checkbox"/> Cremation	<input type="checkbox"/> Entombment
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- My choice of casket would be:
 

<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Metal
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 If cremation, I would like an urn:
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- Visitation time preference:
 

<input type="checkbox"/> 2 days	<input type="checkbox"/> 1 day	<input type="checkbox"/> Half day	<input checked="" type="checkbox"/> None
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- Ceremony to be held at:
 

<input checked="" type="checkbox"/> Church/Temple MOSQUE	<input type="checkbox"/> Chapel	<input type="checkbox"/> Graveside	<input type="checkbox"/> None
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- I have pre-paid my:
 

<input type="checkbox"/> Funeral/Cremation	<input type="checkbox"/> Cemetery arrangements
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- (For Veterans) I can locate my DD Form 214 or discharge papers
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**FAMILY NOTIFICATION**

So that my loved ones are aware of my preferences and the benefits I am entitled to, I would like a copy of this Caring Choices Planning Form sent to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**PERSONAL & CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A representative from a local Dignity Memorial provider will contact you to discuss the Your Life, Your Legacy program benefits. There is no cost or obligation.

Dignity Memorial Representative: ALMEE SKORA Appt. Date: \_\_\_\_\_  
 Appt. Time: \_\_\_\_\_