

Final Burial Wishes

Glendale Memorial Nature Preserve

A Florida Non-Profit Corporation.

Final Burial Wishes:

By signing this form, I indicate my sincere desire to be buried in the Glendale Memorial Nature Preserve (GMNP). I have informed myself about natural burial and conservation burial and I understand and agree with GMNP's burial policies attached (also stated at <http://www.glendalenaturepreserve.org/>). I have discussed, or will discuss, these wishes with my spouse or life partner, my loved ones, my estate executor, and the person responsible for disposition of my body (family member or funeral director). This statement supersedes and replaces any prior statements I have made about the location and manner of disposition of my bodily remains after death. I understand that these wishes are for burial only; I will inform my loved ones of my funeral and/or memorial wishes.

Full legal name _____

Residence address _____

City/State/Zip _____

Home telephone _____

Mobile telephone _____

Email address _____

Date of birth [MM/DD/YYYY] _____

Place of birth _____

Name and contact information for the person responsible for disposition of my body

Personal Information (PLEASE PRINT)

Signature _____

Witness Signature _____

Witness Name (Printed) _____

Date _____

Date _____

Please complete and return the signed form. Keep a copy for yourself and share copies with your loved ones and with the person responsible for disposition of your body.

Glendale Memorial Nature Preserve

297 Railroad Avenue

DeFuniak Springs, FL 32433

Telephone: (850) 859 2141

www.glendalenaturepreserve.org