

1. Please complete information below:

_____ Email _____
 Full Address (number, street, R.R. #) Apt No. _____

 City Province/State Postal/Zip Code Home Phone (____)____-____

2. Name(s) of Applicants

Last Name	First Name	Date of Birth (mm/dd/yy)	Male/Female (M/F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* please place an X beside applicant who should receive all information, billings, etc. from the Society. Any additional applicants can be listed on reverse side.

- Do you and your family belong to a Burial Society now? Yes ___ or No ___
- Are you a member of a Mennonite Church located in Ontario, Canada? Yes ___ No ___
- Would you be willing to have a medical examination should the Board of the Society deem it necessary?

- I hereby declare, that the information provided above is correct to the best of my ability. I understand that the coverage can be declared invalid if any information above is false or misrepresented. I am also willing to abide by the Constitution (current and future versions) of the Society.

Signature of Applicant _____ Date _____

This application must also be signed by **two** references who are presently members of the Society

Signature of Members _____

Name and Account # of Members
[please print] _____

On completion of this application form, please forward to:

Mennonite Burial Society
 P.O. Box 28098, 600 Ontario St, St. Catharines, Ontario L2N 7P8
info@mennoniteburialsociety.com www.mennoniteburialsociety.com
 (phone) 905-228-1850 (fax) 1-877-285-6535

The Board will review your application and if approved, it will be processed in due course