

## *Document Scanning Program*

Although we have always encouraged members to share their final wishes with their friends and family, many members have requested a means for us to hold their funeral planning paperwork. We have established an electronic record-scanning program, and for a fee of \$25 per member, People's Memorial will scan and hold your funeral documents for access by your chosen funeral at time of death. This program offers a way in which you are assured your wishes are honored.

Having your funeral documents available allows the funeral home to expedite your cremation or burial arrangements. Should you choose to purchase life insurance through The Co-op Funeral Home to fund your final arrangements, the \$25 fee for record-scanning will be waived.

For most members, the Disposition Authorization and planning form, will be sufficient for the funeral home. We encourage you to have this document witnessed at signing, which will make it legal and binding. People's Memorial will also scan other related documents such as Designated Agent, Life Insurance, or military discharge papers at no additional charge.

To participate in the record scanning program, complete the "Digital Storage of Funeral Planning Paperwork" form. Submit with your original completed planning documents and payment for \$25—either by check or credit card. Please complete only current forms. If you need new planning forms, you can find them on our website at [www.peoplesmemorial.org](http://www.peoplesmemorial.org) or, call our office and we will send you a set.

Once we have scanned the documents, we will return the originals to you. Keep them with your important papers. If your choice of arrangements should change, you must notify People's Memorial in writing since our contracted funeral homes will rely on the documents we have on hand. There is no additional charge to update your documents on file.



# People's Memorial Association

Funeral Education & Advocacy since 1939

## Digital Storage of Funeral Planning Paperwork

### My Information

Legal Name: \_\_\_\_\_  
*First Middle Last*

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

PMA Membership Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Prepayment Information (if any)

None  Pay-on-Death Acct:  Bank \_\_\_\_\_ Beneficiary \_\_\_\_\_

Forethought Life Ins  American Memorial Life Ins  Funeral Home  Other  \_\_\_\_\_

### Next-of-Kin or Designated Agent Contact Information

Legal Name: \_\_\_\_\_  
*First Middle Last*

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

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment

**\$25 fee for the scanning and storage of each member's set of documents.** Checks payable to People's Memorial Association.

Payment Type: Check  Visa  MasterCard  Discover  AMEX  Fee waived with purchase of Insurance

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ 3 or 4 Digit #: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### Authorization

I hereby authorize People's Memorial™ Association (PMA) to digitally scan and retain a copy of my funeral planning documents for access by the funeral home of my choice at the time of my death. I acknowledge that PMA will at all times follow generally accepted procedures to protect the privacy and confidentiality of my information. However, I agree to hold harmless PMA should there be any breach of privacy or confidentiality despite good-faith efforts by PMA to prevent such breach. If I should at any time desire to change my funeral plans, I may either submit a new set of documents and/or request in writing that PMA destroy my documents on file. I agree to hold harmless PMA and its contracted funeral homes and other providers for relying upon the documents on file when PMA has not received written notice of my written changes to my funeral plans. I agree that the terms of this Authorization shall be binding on my family, heirs, personal representatives, designated agents, successors, assigns, and estate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Documents Received: Disp Auth  Military Discharge  Des Agent  Will  Dear Family Ltr

Forethought Life Ins Plcy  Other Life Ins Policy  \_\_\_\_\_ Other  \_\_\_\_\_

Signatures  Pmnt Recv'd  Docs Scanned  Docs Readable  Member Record Updated  Docs Returned