

VM-ID# _____		Co-op Membership # _____		Member Since _____		Branch <b>Village Memorial, Portland, OR</b>	
Legal Name		First	Middle	Last	Suffix	Telephone Number	
Sex (M/F)	Last 4 digits of SS Number	Email Address			Alternate Phone Number		
Birthdate (MO / DD / YYYY)		Birthplace (City/Town or County)			(State or Foreign Country)		
Mailing Address (Number & Street, City/Town State, Zip )							
Residence: Number and Street (e.g. 465 NE 181th Street Unit No.)					City/Town		
Residence County		State/Foreign Country		Zip Code			
Marital Status		Spouse's Name (If married or widowed, give name prior to first marriage)					
Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED)					Kind of Business/Industry (DO NOT USE COMPANY NAME)		
Father's Name (First, Middle, Last, Suffix)				Mother's Name Prior to First Marriage (First, Middle, Last)			

I \_\_\_\_\_ of sound mind, hereby request that my cremated remains be scattered as designated.

Print Name Here

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

**Scatter my ashes at (check one):**

- Primary location only     
  Primary & Secondary     
  Primary, Secondary & Tertiary     
  Any of the below listed

**Primary Scattering Location**

**1.**

Scattering Agent Name		Relation	Telephone Number	Mailing Address (Number & Street, City/Town State, Zip )		
Primary Place of Scattering			Facility Name			
Location of Scattering (Address)		City/Town or Location of Scattering		State	Zip Code	
Optional - Request of specific time, date, to scatter (i.e. 12am New Years Day)						
Special Instructions						

**Secondary Scattering Location**

**2.**

Scattering Agent Name		Relation	Telephone Number	Mailing Address (Number & Street, City/Town State, Zip )		
Primary Place of Scattering			Facility Name			
Location of Scattering (Address)		City/Town or Location of Scattering		State	Zip Code	
Optional - Request of specific time, date, to scatter (i.e. 12am New Years Day)						
Special Instructions						

**Tertiary Scattering Location**

**3.**

Scattering Agent Name		Relation	Telephone Number	Mailing Address (Number & Street, City/Town State, Zip )		
Primary Place of Scattering			Facility Name			
Location of Scattering (Address)		City/Town or Location of Scattering		State	Zip Code	
Optional - Request of specific time, date, to scatter (i.e. 12am New Years Day)						
Special Instructions						

(This form is not a claim nor legally binding contract with the Village Memorial Company, The Scattering Registry, or its affiliates, it is solely meant as a good faith attempt to realize ones final wishes.)