
FULL NAME (PLEASE PRINT)

SERVICE REQUESTED

24 Horas de San Miguel de Allende, A.C.

Solutions, Recreo 11, Box 41B, San Miguel de Allende, Guanajuato, Mexico
Telephone (415) 121-0010 / Emergency cellular: 415-114-0290
www.24assoc.com 24hourassociation@gmail.com

All information supplied is STRICTLY CONFIDENTIAL and is used and shared with others solely in your interest.

APPLICATION FOR MEMBERSHIP

Please enroll me as a member of **24 Horas de San Miguel de Allende, A.C.** and provide benefits of the Association in accordance with the instructions provided on this application form.

Enclosed is full advance payment. I understand and agree that all charges are quoted as US dollar amounts. The dollar amount will immediately be converted to a peso equivalent on the day of deposit.

I understand that a **refund will be issued to me, or to my estate, upon written request, minus a \$200 dollar administrative fee. Based on the original peso amount of my payment, a dollar refund will be converted at the exchange rate on the day of the refund payment. No refund will be in excess of the dollar amount paid.**

I also understand that my name will be added to 24 Horas de San Miguel de Allende, A.C.'s list of email contacts in order to receive pertinent information regarding my membership and news regarding the association.

SIGNATURE

DATE

WITNESS

REQUIRED INFORMATION

Please complete carefully. The following data and documents requested are essential for issuance of a Mexican death certificate and completion of the personal data report to the American Embassy, (spouses applying together include 2 copies of marriage certificate).

****PLEASE INCLUDE A COPY OF YOUR PASSPORT (front two pages) WITH APPLICATION****

FULL NAME _____ SEX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NATIONALITY _____ SOCIAL SECURITY # _____

E-MAIL _____

LOCAL MAIL SERVICE & Box # _____

ADDRESS IN MEXICO _____

COLONIA _____ ZIP CODE _____

TELEPHONE _____ CELL _____

MOTHER'S FULL MAIDEN NAME _____ LIVING? _____

FATHER'S NAME _____ LIVING? _____

SPOUSE'S NAME _____ LIVING? _____

NAME OF YOUR SAN MIGUEL PHYSICIAN _____

DOCTOR'S TELEPHONE _____ (Doctor must know you personally)

INSTRUCTIONS AT TIME OF DEATH

I understand that I may change these instructions at any time (with appropriate adjustment of my advance deposit balance.) – **I am aware that because of COVID19 the Mexican law requires that those who die of the virus be cremated immediately. I understand and accept if these measures are taken with my body should I die of COVID regardless of the service I have requested.**

1. Please notify the following, indicating at least one person in San Miguel:

NAME	RELATIONSHIP	EMAIL	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. I would like funeral / religious/ memorial services ___ Graveside ___ Church ___ None

NAME OF CHURCH / CLERGY / TELEPHONE NUMBER / ETC.

OTHER INSTRUCTIONS (All services involving the *Panteón de Guadalupe* include perpetual care.)

3. Burial / Cremation I hereby select the following service:

___ **BURIAL IN GRAVE** Includes: casket, plot, interment, inscribed headstone.

___ **BURIAL IN CRYPT** Includes: casket, crypt space, interment, inscribed plaque.

___ **CREMATION & NICHE** Includes cremation, urn, niche, interment, inscribed plaque.

___ **CREMATION & GIVE ASHES IN URN TO (SMA resident or family member for local pick-up)**

NAME _____

PHONES: _____

 **Make all checks payable to: 24 Horas de San Miguel de Allende, A. C.**

*ASHES CAN BE SHIPPED TO THE US, CANADA, etc. However, the estate will be charged for the services. The estate will have to pay for all the services necessary BEFORE ashes are shipped including airfare.

ADDITIONAL (OPTIONAL) INFORMATION

The following information is for the benefit of your Executor and survivors.

- Location of will (be specific) _____

- Attorney NAME _____
ADDRESS _____
TELEPHONE _____

- Executor NAME _____ RELATIONSHIP _____
ADDRESS _____
TELEPHONE _____

- Life Insurance

Attached is a list of company names and policy numbers.

POLICIES MAY BE FOUND: _____

- Residential Property

_____ Owned by me Escritura is located _____

Address _____

- Other Real Property

- Special Instructions regarding disposal of property, household and personal effects, pets and gratuities to servants. This information is not legally binding, but we have found that survivors and executors appreciate it.

OPTIONAL INFORMATION

- Bank Accounts, Stock Accounts, Investment Accounts

Attached is a list of names, addresses, account numbers, etc.

ACCOUNT RECORDS MAY BE FOUND: _____

MEMBERSHIP RESIGNATION PROCEDURE

You may resign your membership at any time and for any reason. Please contact the executive secretary or the treasurer of The 24 Hour Association.

WE STRONGLY SUGGEST THAT YOU MAKE AND KEEP A COPY OF THIS APPLICATION FOR YOUR OWN FILES AND THAT YOU REVIEW THIS FORM PERIODICALLY AND SUBMIT REVISED INFORMATION AS NECESSARY.

✍ If you're paying with a check, check your check!

- Use same color ink throughout
- Make all checks payable to: **24 Horas de San Miguel de Allende, A. C.**

Sample

Your name	1234
Your Address	
	_____ Date
PAY TO	
THE ORDER OF <u>24 Horas de San Miguel de Allende, A.C.</u>	\$ _____
	(US DOLLARS / Pesos or CAN.)
FOR _____	_____
:1 2 3 4 5 6 7 8 9 : 1 2 3 4 5 6 7 8 9 1 2 3 1 2 3 4	