
FULL NAME (PLEASE PRINT)

Cremation Cremation & Niche

Burial in Crypt Burial in Grave
SERVICE REQUESTED (Circle one)

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 and agree to the following:

- The service provided by 24 Hours covers only members who reside and die in San Miguel de Allende.
- There is an exception for members who die in Queretaro, and that there will be an additional transportation fee that shall be covered by the estate or survivors.
- The Association cannot be responsible for members who die elsewhere, if a member dies elsewhere a refund will be issued.
- It is my responsibility to inform and explain my prepaid arrangements with the 24 Hour Association to my friends, helpers, workers, caregivers, landlord, and/or anyone who may be concerned.
- The service that I am paying for includes one certified Mexican death certificate.
- 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.
- The service that I am requesting for in this application is non-transferable.
- My name and email address will be added to 24 Horas de San Miguel de Allende, A.C.'s list of email contacts in order to receive pertinent notifications and information regarding my membership.

SIGNATURE

DATE

WITNESS

REQUIRED INFORMATION

- A copy of your passport (page that includes your photo and the opposing page).
- Spouses who are applying together please provide 2 copies of your marriage certificate.

Please complete carefully and clearly. The following data and documents requested are **essential for issuance of a Mexican death certificate** and, for U.S. citizens, the information will also be needed for completion of the Report of Death Abroad at the consulate of the United States.

FULL NAME _____ SEX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NATIONALITY _____ SOCIAL SECURITY # _____

(U.S. CITIZEN ONLY) I receive Federal benefits Yes ___ No ___ Type of Federal benefits _____

E-MAIL _____

LOCAL MAIL SERVICE & Box # _____
(If you have a mailbox with La Conexión indicate which location)

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)

Please be aware that your information needs to be updated on a regular basis; your passport and contacts need to be current and correct.

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 of my passing. (Include at least one person in San Miguel.)

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

2. I would like funeral / religious/ memorial services ___ Graveside ___ Church ___ None
(All services involving the *Panteón de Guadalupe* include perpetual care.)

NAME OF CHURCH / CLERGY / TELEPHONE NUMBER / ETC.

3. SERVICE REQUESTED. I hereby select the following service:

(All services include one Mexican death certificate)

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

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

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

___ **CREMATION.** Includes cremation, urn, and delivery of ashes to SMA resident or family:

NAME _____

PHONE: _____

*ASHES CAN BE SHIPPED TO THE US, CANADA, etc. However, the estate, executor or next-of-kin will be charged for the services necessary BEFORE ashes are shipped including airfare.

✍ 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.*
- Costs are quoted in US Dollars, if paying with Canadian or Mexican checks please adjust the total to the exchange rate of the day you write your check.

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	

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 at 24hourassociation@gmail.com and submit a written request for refund.

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

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

ADDITIONAL (OPTIONAL) INFORMATION cont.

- 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.

- Bank Accounts, Stock Accounts, Investment Accounts
Attached is a list of names, addresses, account numbers, etc.
ACCOUNT RECORDS MAY BE FOUND: _____
