

**1. Please complete information below:**

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal 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.

- 3. Do you and your family belong to a Burial Society now? Yes \_\_\_ or No \_\_\_ [If anyone in your family is already in the Society, this application form is not applicable. Please provide name(s) and date of birth to society to set up new family members]
- 4. Are you an attendee or member of a Mennonite Church located in Canada? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, and you reside in Canada, would you agree with the Statement of Faith document on our web site? Yes \_\_\_ No \_\_\_
- 5. Would you be willing to have a medical examination should the Board of the Society deem it necessary?  
\_\_\_\_\_
- 6. 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 Current Members \_\_\_\_\_

Name and Account # of Current Members  
[print Name and Account #] \_\_\_\_\_

**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](mailto:info@mennoniteburialsociety.com) [www.mennoniteburialsociety.com](http://www.mennoniteburialsociety.com)  
(phone) 905-228-1850 (fax) 1-877-285-6535

The Board will review your application, and if approved, you will receive an invoice with further details, which once paid, will officially add those new members to our Society.