



Registration Form for the Living Legacy Program

Donor Name: _____ Age: ____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth ____/____/____

Email: _____

Authorized Representative: _____

Relation: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Contingent Contact: _____

Relation: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Special Circumstances: Clearly state people and/or pets to be included, military instructions, etc.

As the donor, I understand that an exact location for the Eternal Reef cannot be guaranteed in advance of need. Eternal Reefs will work with my primary contact when the time comes to place my Eternal Reef in the most appropriate of the available locations at that time. **My preferred locations at this time would be:**

1. _____ 2. _____ 3. _____

Wish to design you own bronze plaque (**optional**)? Below please indicate below what verbiage you would like to appear on the 6" (Aquarius) or 8" (Nautilus) bronze plaque for your Living Legacy Program reef.

