



**ETERNAL  
REEFS**  
AN APPROVED 501(C)3  
CHARITABLE ORGANIZATION

## 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:** \_\_\_\_\_

**Secondary 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_