

# Simple Traditions Membership Registration Form

Note: The following information is required to complete the certificate of death, it is kept strictly confidential.

NAME \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
City State Zip

PHONE # \_\_\_\_\_ COUNTY: \_\_\_\_\_ YEARS IN COUNTY \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RACE \_\_\_\_\_ Hispanic Yes/No

DATE OF BIRTH \_\_\_\_\_ STATE OF BIRTH \_\_\_\_\_ Military Service Yes/No

MARITAL STATUS: \_\_\_\_\_ (Married, Divorced, Widowed, Never Married)

NAME OF SURVIVING SPOUSE \_\_\_\_\_  
First Middle Last (Wife's maiden)

EDUCATION \_\_\_\_\_ (H.S. GRAD., Associate's, Bachelor's, Master's, Doctorate)

OCCUPATION \_\_\_\_\_  
(Present or before retirement)

KIND OF BUSINESS \_\_\_\_\_ YEARS IN OCCUPATION \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_  
First Middle Last

STATE OF BIRTH OF FATHER \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_  
First Middle (Mother's maiden name)

STATE OF BIRTH OF MOTHER \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

## CONTACT AT TIME OF DEATH

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City/State Zip Code

PHONE NUMBER \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_