Simple Traditions Cremation & Burial
Membership Registration Form

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

Name: _____
First Middle Last

Address: _____
City State Zip code

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 (Maiden)

Education: _____ (H.S., 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 Father's Birth: _____

Name of Mother: _____
First Middle Last (Maiden)

State of Mother's Birth: _____ Today's Date: _____

Contact at Time of Death

Name: _____ Relationship: _____

Address: _____
Street City/State Zip Code

Phone Number: _____ E-Mail Address: _____