# Simple Traditions Cremation & Burial

## **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:	•		OUNTY:		
		(Where passing o			
DATE OF BIRTH:					
STATE OF BIRTH:	Hispa	anic: Yes / No	Military Service: Yes / No		
SOCIAL SECURITY:					
RACE / ETHNICITY:					
MARITAL STATUS:	(Marr	_ (Married, Divorced, Widowed, Never Married)			
SURVIVING SPOUSE:					
First	Midd	lle	Last (Maiden)		
EDUCATION:(Highest Level of Completion)	(H.S. Grad, Assoc	ciate's, Bachelor's,	Master's, Professional, Doctorate)		
OCCUPATION:(Present or before Retirement)					
KIND OF BUSINESS:					
YEARS IN OCCUPATION:					
NAME OF FATHER:					
First	Midd	lle	Last (Maiden)		
STATE OF FATHER'S BIRTH:					
NAME OF MOTHER:					
First	Midd		Last (Maiden)		
STATE OF MOTHER'S BIRTH:		•	y's Date:		
		Initials After I	Proofing:		
<u>INFORMATION</u>	FOR NEXT OF KIN / A	UTHORIZING	<u>AGENT</u>		
NAME:	REL	RELATIONSHIP:			
ADDRESS:					
Street	City		Zip code		
PHONE:	E-MAIL:				
	ALTERNATE CONTA	<u>ACT</u>			
NAME:	REL	RELATIONSHIP:			
PHONE:	NOTES:	NOTES:			

### **Authorization to Release to Simple Traditions**

Please release to Simple Traditions Cremation & Burial the remains of:

PRINT:				
First	Middle		Last	
Signed		Relationship		
A DDDECC.				
ADDRESS:				
Street	City	State	Zip Code	

#### California Health and Safety Code, Section 7100

\*The right to control the disposition of the remains of a deceased person, unless other instructions have been given by the decedent, vests in, and the duty of internment and the liability for reasonable cost of internment of such remains devolves upon the following in the order named:

- a) The surviving spouse.
- b) The surviving child or children of the decedent.
- c) The surviving parent or parents of the decedent.
- d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to the estate of the decedent
- e) The public administrated when the deceased has sufficient assets

<sup>\*</sup>Please note: If the person named above does not meet the requirements as stated in Section 7100 of the California Health and Safety Code (see below) we recommend naming that person as your agent with a validly executed Durable Power of Attorney for Health Care. These forms are available to you at Simple Traditions Cremation Services. Call to have one mailed to you.

## Statement of Funeral Goods and Services

NAME OF BENEFICIARY (Beneficiary is who burial services are for – c	can be same as Trustor/Purchaser)	
	ship only. Enclosed is my completed men aple Traditions Cremation & Burial Lifeti	
Simple Traditions Cremation & Buria	dvantage of the California Master Trust Pall. Please send me the trust documents reflected Membership Registration form and the	ecting the selections made
Print Name:	Signature	
(Name of Trustor/Purchaser)		
Direct Burial Service:	(Direct Burial with Casket Included)	\$1,575.00
	(Direct Burial without Casket)	\$875.00
ADDITIONAL SERVICES (To be	added to above total)	
Chaplain Services for Memorials & V	Visitation	\$300.00
Dressing and Preparation		\$150.00
Pacemaker Removal		\$50.00
There is no specific or any other evidence	ence that any casket with a sealing device	will preserve human remains
ADDITIONAL FUNDS: (Price not guaranteed for items such a	as death certificates, caskets, merchandise	or added services)
(The not guaranteed for items such a	as death continues, cashets, incremandisc	\$
		r.
		\$
		\$
PAYMENT SELECTION: (check all		OTAL: \$
Monthly Payments	Card Payment Check Payment	Paid in Full
*Pre-Arranging Direct Burial - Prices subject	to change based on the cost of services at time of	death.*