

# 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: \_\_\_\_\_  
Street City State Zip code

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

DATE OF BIRTH: \_\_\_\_\_

STATE OF BIRTH: \_\_\_\_\_ Hispanic: Yes / No Military Service: Yes / No

SOCIAL SECURITY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

RACE / ETHNICITY: \_\_\_\_\_

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

SURVIVING SPOUSE: \_\_\_\_\_  
First Middle Last (Maiden)

EDUCATION: \_\_\_\_\_ (H.S. Grad, Associate's, Bachelor's, Master's, Professional, Doctorate)  
(Highest Level of Completion)

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: \_\_\_\_\_

Initials After Proofing: \_\_\_\_\_

### INFORMATION FOR NEXT OF KIN / AUTHORIZING AGENT

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

ADDRESS: \_\_\_\_\_  
Street City State Zip code

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### ALTERNATE CONTACT

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

PHONE: \_\_\_\_\_ NOTES: \_\_\_\_\_

\_\_\_\_\_

## Authorization to Release to Simple Traditions

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

PRINT: \_\_\_\_\_  
                    First  Middle  Last

\_\_\_\_\_  
Signed  Relationship

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

**\* 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.**

### 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 interment and the liability for reasonable cost of interment 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

Statement of Funeral Goods and Services

**NAME OF BENEFICIARY** \_\_\_\_\_

(Beneficiary is who burial services are for – can be same as Trustor/Purchaser)

\_\_\_\_\_ I am interested in membership only. Enclosed is my completed membership registration form. I understand I will be receiving my Simple Traditions Cremation & Burial Lifetime Membership card in the mail shortly.

\_\_\_\_\_ I am interested in taking advantage of the California Master Trust Plan, along with membership in Simple Traditions Cremation & Burial. Please send me the trust documents reflecting the selections made below. I am also enclosing my completed Membership Registration form and the trust payment indicated below.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

(Name of Trustor/Purchaser)

Direct Burial Service:

(Direct Burial with Casket Included) \$1,800.00 \_\_\_\_\_

(Direct Burial without Casket) \$1,100.00 \_\_\_\_\_

**ADDITIONAL SERVICES (To be added to above total)**

Chaplain Services for Memorials & Visitation \$300.00 \_\_\_\_\_

Pacemaker Removal \$50.00 \_\_\_\_\_

Caskets.....\$895.00-\$10'000.00

*There is no specific or any other evidence that any casket with a sealing device will preserve human remains.*

**ADDITIONAL FUNDS:**

(Price not guaranteed for items such as death certificates, caskets, merchandise, or added services)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**PAYMENT SELECTION: (check all that apply)**

\_\_\_\_\_ 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.\*