

Simple Traditions Cremation & Burial

Cremation 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

YEARS IN COUNTY: _____

DATE OF BIRTH: _____ Hispanic: Yes / No Military Service: Yes / No

STATE OF BIRTH: _____

SOCIAL SECURITY: _____ - _____ - _____ PHONE #: _____

RACE / ETHNICITY: _____

MARITAL STATUS: _____ (Married, Divorced, Widowed, Never Married)

SURVIVING SPOUSE: _____
First Middle Last (Maiden)

EDUCATION: _____ (Highest Level/Degree: Grade 0-11 or 12th Grade with No Diploma, GED, H.S. Graduate, Some College but No Degree, Associate's, Bachelor's, Master's, Professional, 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:** _____

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 cremation 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)

Basic Cremation Service with Release to Family:

	*(Non-guaranteed)	\$1,075.00	_____
	(Guaranteed)	\$1,275.00	_____

ADDITIONAL SERVICES (To be added to above total)

Scattering at Sea or over Sierra Nevada Mountains without family present \$450.00 & up _____

Local Delivery of cremated remains within 30 miles of Sacramento County \$80.00 _____

Delivery of cremated remains to Sacramento Valley National Cemetery \$150.00 _____

Shipment of cremated remains in the USA \$125.00 & up _____

This includes preparation, container, postage paid, and first class mailing through the U.S. Post Office.

ADDITIONAL FUNDS:

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

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL: \$ _____

PAYMENT SELECTION: (check all that apply)

_____ Monthly Payments _____ Card Payment _____ Check Payment _____ Paid in Full

Non-Guaranteed Plan - the total price of the plan shall be based on the current cost of the services at the date of death based on the current price list