# 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	<u>Ctata</u>	Zip code	
	2	State	Zip code	
YEARS IN COUNTY:		<b>X</b> 7 / XT		
DATE OF BIRTH:		: Yes / No	Military Service: Yes / No	
STATE OF BIRTH:				
SOCIAL SECURITY:	PHONE	#:		
RACE / ETHNICITY:				
MARITAL STATUS:				
SURVIVING SPOUSE:				
			Last (Maiden)	
EDUCATION:	(Highest Level/Degree: Gra , Associate's, Bachelor's, Master	de 0-11 or 12 <sup>th</sup> .'s, Professiona	<sup>a</sup> Grade with No Diploma, GED, al, 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:	Middle			
		Today	Last (Maiden)	
STATE OF MOTHER'S BIRTH:		Today's Date: Initials After Proofing:		
	FOR NEXT OF KIN / AUTI			
NAME:	RELAT	IONSHIP: _		
ADDRESS:Street	City	State	Zip code	
			-	
PHONE:				
	ALTERNATE CONTACT	_		
		RELATIONSHIP:		
PHONE:	NOTES:			

## Authorization to Release to Simple Traditions

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

liddle		Last
Relationship		
City	State	Zip Code
		Relationship

\* 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 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

### 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)	\$2,245.00
	(Direct Burial without Casket)	\$1,395.00
	(Green Burial with Casket Included)	\$2,780.00
ADDITIONAL SERVICES (To b	e added to above total)	
Pacemaker Removal		\$75.00
	nce that any casket with a sealing device will pr	
ADDITIONAL FUNDS:		
(Price not guaranteed for items such	n as death certificates, caskets, merchandise,	or added services)
		\$
		<b>A</b>
		\$
		<b></b>
PAYMENT SELECTION: (check a		DTAL: \$
Monthly Payments	_ Card Payment Check Payment	Paid in Full
*Pre-Arranging Direct Burial - Prices subj	ect to change based on the cost of services at time of	death.*