

# 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

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 12<sup>th</sup> 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: \_\_\_\_\_

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# 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 be added to above total)**

Pacemaker Removal \$75.00 \_\_\_\_\_

Caskets.....\$1,095.00-\$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.\*