# 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	C't-	Chit	7'1.		
	City	State	Zip code		
YEARS IN COUNTY:		/			
DATE OF BIRTH:	<b>+</b>	ic: Yes / No	Military Service: Yes / No		
STATE OF BIRTH:					
SOCIAL SECURITY:					
RACE / ETHNICITY:					
MARITAL STATUS:	(Married	_ (Married, Divorced, Widowed, Never Married)			
SURVIVING SPOUSE: First					
			Last (Maiden)		
EDUCATION: H.S. Graduate, Some College but No Degree	(Highest Level/Degree: Gr Associate's Bachelor's Maste	ade 0-11 or 12 <sup>tt</sup> er's Profession	Grade with No Diploma, GED, al. Doctorate)		
C C C L ID A FILON	, rissociate s, Bucherer s, must		an, Boctorato)		
(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		I and (Maillan)		
		Taday	Last (Maiden)		
STATE OF MOTHER'S BIRTH:		-	's Date:		
	In	itials After P	roofing:		
<u>INFORMATION</u> 1	FOR NEXT OF KIN / AUT	HORIZING.	<u>AGENT</u>		
NAME:	RELA	RELATIONSHIP:			
ADDRESS:					
Street	City		Zip code		
PHONE:	E-MAIL:				
	ALTERNATE CONTAC	<u>T</u>			
NAME:	RELA	RELATIONSHIP:			
PHONE:	NOTES:				

#### Authorization to Release to Simple Traditions

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

PRINT:				
First	Middle		Last	
G' 1		D 1 .:	1 .	
Signed		Relationship		
ADDREGG				
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	- can be same as Trustor/Purchaser)		
	ership only. Enclosed is my completed mem imple Traditions Cremation & Burial Lifetin	_	_
Simple Traditions Cremation & Bu	advantage of the California Master Trust Pl rial. Please send me the trust documents refle pleted Membership Registration form and th	ecting tl	he selections made
Print Name:	Signature		
(Name of Trustor/Purchaser)			
Direct Burial Service:	(Direct Burial with Casket Included)	\$2,34	5.00
	(Direct Burial without Casket)	\$1,39	5.00
	(Green Burial with Casket Included)	\$2980	0.00
ADDITIONAL SERVICES (To b	e added to above total)		
Pacemaker Removal		\$75.00	
Caskets There is no specific or any other eviden	nce that any casket with a sealing device will pro	\$895 eserve hi	.00-\$10'000.00 uman remains.
ADDITIONAL FUNDS:			
(Price not guaranteed for items such	n as death certificates, caskets, merchandise,	or adde	ed services)
			\$
			\$
			\$
			\$
			\$
		TAL:	\$
PAYMENT SELECTION: (check a	all that apply)		
Monthly Payments	Card Payment Check Payment		_ Paid in Full

<sup>\*</sup>Pre-Arranging Direct Burial - Prices subject to change based on the cost of services at time of death.\*