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:	C'.	Ct. t	7' 1		
Street VEARS IN COUNTY.	City	State	Zip code		
YEARS IN COUNTY:		XX / \			
DATE OF BIRTH:		e: Yes / No	Military Service: Yes / No		
STATE OF BIRTH:					
SOCIAL SECURITY:	PHONE	#:			
RACE / ETHNICITY:					
MARITAL STATUS:	(Married,	(Married, Divorced, Widowed, Never Married)			
SURVIVING SPOUSE:First					
			Last (Maiden)		
EDUCATION: H.S. Graduate, Some College but No Degree, A	(Highest Level/Degree: Gra	de 0-11 or 12 th	Grade with No Diploma, GED,		
OCCLIDATION.			ui, Doctorate)		
(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)		
		Today	` ,		
STATE OF MOTHER'S BIRTH:		_	's Date:		
	Inr	tials After P	roofing:		
INFORMATION FO	OR NEXT OF KIN / AUT	HORIZING .	<u>AGENT</u>		
NAME:	RELAT	RELATIONSHIP:			
ADDRESS:Street					
		State	1		
PHONE:	E-MAIL:				
<u> 4</u>	ALTERNATE CONTACT	<u>[</u>			
NAME:	RELAT	RELATIONSHIP:			
PHONE:	NOTES:				

Authorization to Release to Simple Traditions

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

PRINT:				
First	Middle		Lε	ast
Signed		Relationship		
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

^{*} 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

in

NAME OF BENEFICIARY (Beneficiary is who cremation services are for – can be same a	s Trustor/Purchaser)
	losed is my completed membership registration form. Is Cremation & Burial Lifetime Membership card in the
Simple Traditions Cremation & Burial. Please send	e California Master Trust Plan, along with membership me the trust documents reflecting the selections made nip Registration form and the trust payment indicated
Print Name: (Name of Trustor/Purchaser)	Signature
Basic Cremation Service with Release to Family:	*(Non-guaranteed) \$1,195.00
	(Guaranteed) \$2,195.00
ADDITIONAL SERVICES (To be added to above	ve total)
Scattering at Sea or over Sierra Nevada Mountains v	vithout 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 This includes preparation, container, postage paid,	\$200.00 & upand first class mailing through the U.S. Post Office.
ADDITIONAL FUNDS: (Price not guaranteed for items such as death certific	cates, merchandise, or added services)
	\$
	\$
	\$
	<u></u>
	\$
PAYMENT SELECTION: (check all that apply)	TOTAL: \$
Monthly Payments Card Payment	Check Payment Paid in Full
	and an the assument aget of the services at the data of death hazard on

^{*}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*