# Simple Traditions Cremation & Burial

### Green 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		
	•	State	Zip code		
YEARS IN COUNTY:		a. Vaa / Na	Military Carrian Vac / Na		
DATE OF BIRTH:	<b>-</b>	c: Yes / No	Military Service: Yes / No		
STATE OF BIRTH:					
SOCIAL SECURITY:					
RACE / ETHNICITY:					
MARITAL STATUS:	(Married	(Married, Divorced, Widowed, Never Married)			
SURVIVING SPOUSE:First	2011				
		, a	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>u</sup> er's, Profession	Grade with No Diploma, GED, al. Doctorate)		
O CCLUB A FLOX			, /		
(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		Land (M. 11.11)		
		Taday	Last (Maiden)		
STATE OF MOTHER'S BIRTH:		•	's Date:		
	In	itiais Aiter P	roofing:		
<u>INFORMATION F</u>	OR 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	s are for – can be same as Trustor/Purchaser)	
	membership only. Enclosed is my completed mem g my Simple Traditions Cremation & Burial Lifetin	
Simple Traditions Cremation	taking advantage of the California Master Trust Plan & Burial. Please send me the trust documents reflerly completed Membership Registration form and the	ecting the selections made
Print Name:(Name of Trustor/Purchaser)	Signature	
(Name of Trustor/Purchaser)		
Direct Burial Service:		
	(Green Burial with Casket Included)	\$2,980.00
(	Green Burial with Casket Included*Guaranteed*)	\$3,980.00
ADDITIONAL SERVICES	S (To be added to above total)	
Pacemaker Removal		\$75.00
Caskets		\$1,095.00-\$10'000.00
	r evidence that any casket with a sealing device will pre	
ADDITIONAL FUNDS:	ns such as death certificates, caskets, merchandise,	or added services)
(Trice not guaranteed for her	ns such as death certificates, easkets, incremandise,	or added services)
		 \$
		\$ \$
		\$ \$
		\$
PAYMENT SELECTION: (		ΓAL: \$
171 WILLY SELECTION. (	eneek an mat appry)	
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.\*