# Simple Traditions Cremation & Burial

## Green Cremation Membership Registration Form

Note: The following information is required to complete the certificate of death and is kept confidential.

NAME:			
First	Middle	La	st
ADDRESS:			
Street	City	State	Zip code
YEARS IN COUNTY:			
DATE OF BIRTH:	Hispanic: Yes / No	Military Servi	ce: Yes / No
STATE OF BIRTH:			
SOCIAL SECURITY:	PHONE #:		
RACE / ETHNICITY:			
MARITAL STATUS:	(Married, Divorced,	Widowed, Never	Married)
SURVIVING SPOUSE:			
Firs	t Middle		Last (Maiden)
	(Highest Level/Degree: Grade 0-11 ee, Associate's, Bachelor's, Master's, Pro		•
OCCUPATION:(Present or before Retirement)			
KIND OF BUSINESS:			
YEARS IN OCCUPATION:			
NAME OF FATHER:			
Firs	t Middle		Last
STATE OF FATHER'S BIRTH:			
NAME OF MOTHER:			
Firs			Last (Maiden)
STATE OF MOTHER'S BIRTH:		Today	's Date:
		Initials After Pr	roofing:
INFORM	IATION FOR NEXT OF KIN / AUTHOR	RIZING AGENT	
NAME:	RELATIONSHIP	:	
ADDRESS:			
Street	City		Zip code
PHONE:			
	ALTERNATE CONTACT		
NAME:	RELATIONSH	IP:	
PHONE:	NOTES:		

### Authorization to Release to Simple Traditions

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

Middle	L	ast	_		
	Relationship				
Cit	 State	7in Code			
		Relatio			

\* 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 cremation services are	e for – can be same	as Trustor/Purchaser)		
I am interested in membership be receiving my Simple Traditions Crema	only. Enclosed is m tion & Burial Lifeti	ny completed membership me Membership card in t	registration form. I un he mail shortly.	nderstand I will
I am interested in taking advant Traditions Cremation & Burial. Please ser enclosing my completed Membership Reg	nd me the trust docu	ments reflecting the selec	tions made below. I ar	
Print Name:	Signature	e		
(Name of Trustor/Purchaser)				
Basic Cremation Service with Release to l	Family:	*(Non-guarantee	d) \$2,630.00	
		(Guaranteed)	\$3,630.00	
ADDITIONAL SERVICES (To be adde	ed to above total)			
Scattering at Sea or over Sierra Nevada M	ountains without fa	mily 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, post		class mailing through the	\$200.00 & up U.S. Post Office.	
ADDITIONAL FUNDS: (Price not guaranteed for items such as de	ath certificates, mer	chandise, or added servic	es)	
			\$	
			\$	
			\$ \$	
			\$	
PAYMENT SELECTION: (check all that	apply)		TOTAL: \$	
Monthly Payments Card	l Payment	Check Payment	_Paid in Full	

<sup>\*</sup>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\*