

Cremation Society of Wisconsin

535 S. Hillcrest Parkway
Eau Claire, Wisconsin 54720
(715) 834-6411 / Fax: (715) 832-4354
Toll Free (888) 317-2794
Web-Site: www.cremationsociety-wi.com

Registration Form

Name _____ Telephone (____) _____
First Middle Last
 Address _____
Street & Number City State Zip
 County _____ Township _____ Fire Number _____

Information required on the Death Certificate

Date of Birth _____ Place of Birth _____
City State
 Sex M F Race _____ Hispanic Yes No
 Social Security # _____ Education (Grade 1-12 / College 1-4 or 5+) _____
Highest Grade Completed
 Usual Occupation _____ Business or Industry _____
Even if Retired
 Father's Name _____ Mother's Name _____
First Last First Maiden
 Marital Status Married Never Married Widowed Divorced
 Husband/Wife Name (If Wife - Maiden Name) _____
 Are you a Veteran? Yes No If Yes, enclose a copy of your discharge papers please.

AUTHORIZATION FOR CREMATION

I, the undersigned, authorize and request the Cremation Society of Wisconsin or its assigns to cremate the remains of _____, and further authorize and request that the following disposition of the cremated remains be made:

_____ Ship to _____
 _____ Release to _____
 _____ Hold for further instructions (if held longer than 60 days, cremated remains will automatically be scattered by the crematory at a cemetery).

I will indemnify and hold harmless the Cremation Society of Wisconsin and the crematory from any claims to the contrary including all liability and claims related to the shipment and storage of the cremated remains.

Witness Signature _____
 Signed _____ Address _____ Phone _____
 Date _____ City _____ State _____ Zip _____

PAYMENT PLAN - You are not a member until this form is on file and your registration fee is received.

I wish to preregister with the Cremation Society of Wisconsin Registration Fee \$ 15.00
 I wish to prepay for my Simple Cremation and to have the money placed in a bank trust \$
 (I understand I will receive a 1099 Interest statement)
 I wish to prepay for my Simple Cremation and have the money placed in an Insurance Policy \$
 (I understand I will not receive a 1099 statement)

TOTAL PAID \$ _____

NEXT OF KIN INFORMATION - SEE REVERSE SIDE

NEXT OF KIN - Please list at least one

Name _____ Relationship _____

Address _____
Street & Number City State Zip County

Phone (_____) _____

LIST ADDITIONAL IF DESIRED

Name _____ Relationship _____

Address _____
Street & Number City State Zip County

Phone (_____) _____

Name _____ Relationship _____

Address _____
Street & Number City State Zip County

Phone (_____) _____

Name _____ Relationship _____

Address _____
Street & Number City State Zip County

Phone (_____) _____

ADDITIONAL INSTRUCTIONS IF DESIRED
