

# SIMPLE TRADITIONS MEMBERSHIP REGISTRATION FORM

NOTE: The following information is required to complete the certificate of death, it is kept strictly confidential.

NAME \_\_\_\_\_  
First Middle Last Male/Female

ADDRESS \_\_\_\_\_  
Street Address City State Zip

PHONE # \_\_\_\_\_ COUNTY \_\_\_\_\_ YEARS IN COUNTY \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ RACE \_\_\_\_\_ HISPANIC: YES/NO

DATE OF BIRTH \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ MILITARY SVC. YES/NO

MARITAL STATUS \_\_\_\_\_ (married, divorced, widowed never married)

EDUCATION \_\_\_\_\_ (H.S. grad, Associates, Bachelor's, Master's, Doctorate)

OCCUPATION \_\_\_\_\_  
(Present or before retirement)

KIND OF BUSINESS \_\_\_\_\_ YEARS IN OCCUPATION \_\_\_\_\_

NAME OF SURVIVING SPOUSE \_\_\_\_\_  
First Middle Last (Wife's maiden name)

NAME OF FATHER \_\_\_\_\_  
First Middle Last

BIRTH STATE OR COUNTRY \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_  
First Middle Last (Mother's maiden name)

BIRTH STATE OR COUNTRY \_\_\_\_\_

ALTERNATE CONTACT AT TIME OF DEATH (list someone other than spouse)

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
Street Address City State Zip

PHONE NUMBER \_\_\_\_\_