

WE DO NOT ACCEPT THIS FORM BY FAX

Date Received in office : _____

Applicant Phone # _____



Business Office/ Mail 700 N. Monroe Street
612 N. Monroe Street • Bay City, Michigan 48708
(989) 892-1772

www.cremationsocietymidmi.com

STATISTICAL INFORMATION

PLEASE PRINT LEGIBLY ALL INFORMATION EXCEPT SIGNATURES

Client Name _____ (_____)
FIRST MIDDLE LAST MAIDEN NAME / AT BIRTH

Legal Address _____
(where mail is sent) Street Include Apt. # City State Zip Code

Location of: ☐ In City/Village Limits ☐ Township _____ ☐ County _____
Name Name

Birthplace _____ Birthdate _____ Sex ☐ Male ☐ Female
City and State or Foreign Country MONTH DAY YEAR

Race _____ Ancestry _____ Mexican, Cuban, English, Dutch, etc. Hispanic (yes / no)

Social Security Number _____ Education _____
Give highest degree or level of school completed

Usual Job _____ Kind of Business or Industry _____
Work done during most of life / **DO NOT USE RETIRED**

Father's Name _____
FIRST MIDDLE LAST

Mother's Name _____
FIRST MIDDLE **MAIDEN = last name at birth**

Currently are you:
Married - Never Married - Widowed - Divorced Spouse's Name (if Living) _____
(Divorced = You are no longer legally married you have no Spouse) Ex-Spouses are not next of kin. If Spouse, give First, Middle and **Maiden / name at birth**

Legal Next of Kin _____ Relationship _____

Their Address _____ Their Phone _____
Street City State Zip

Are you a Veteran? ☐ Yes ☐ No Is your spouse a Veteran? ☐ Yes ☐ No (If yes, enclose a readable copy of the discharge paper.)

Contact person at time of death:

Name _____ Address _____ Phone: _____
Street, City, State, Zip

EMAIL ADDRESS _____

Number of living adult children: _____ Or Number of living siblings _____

ADDITIONAL CHARGES MAY APPLY FOR BARIATRIC CLIENTS OVER 300 LBS

We provide simple direct cremation. We do not provide viewing, caskets, hearse, or embalming.

*** Please have your legal next of kin (s) sign an Authorization for Cremation form.** Remember that **"Powers of Attorney" end upon death** and a POA cannot sign an authorization for cremation prior to death.

**** An Authorization and Photo ID is required for EACH signer.**

***Legal next of kin is defined in this order:**

- your Spouse, if none, then
- **the majority of** your adult children (over 18 years of age), if none, then
- your legal parents, if none, then
- **the majority of** your adult brothers and/or sisters, if none, then contact our office for further assistance.

***We are pleased to assist you, so please call our office PRIOR to death for assistance** in determining the legal next of kin OR directions on appointing a designated individual, so they have the **legal authority to authorize your cremation and handle your final affairs.** By doing this **PRIOR** to death, you can have the arrangements you desire.

Please make certain the MAJORITY of you next of kin sign an authorization for Cremation.

***We are not responsible for errors on death certificates** based on the information provided on this form, please check for errors. If you need financial assistance with DHS, it is your responsibility to inform us at the time of death.

YOU ARE NOT A MEMBER UNTIL THE COMPLETED FORM, ALL SIGNATURES, & THE REGISTRATION FEE ARE IN OUR OFFICE PRIOR TO DEATH. Make checks payable to CSMM or Cremation Society of Mid-Michigan, and MAIL TO OUR BUSINESS OFFICE, 700 N. Monroe St., Bay City, MI 48708

Documents will be returned for completion if any signatures are missing, so please review PRIOR to mailing

Membership Registration: \$35 for 1 person or \$50 for 2 people.

**** Complete Authorization For Cremation ****

**** Name of person completing this form _____**