

**Membership Application &
Authorization for Cremation**

Cremation Society™ of Illinois, Inc.

Membership Office: 41 N. Virginia St., Unit B, Crystal Lake, IL 60014

Registration Form

First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ (Inside City Yes No)
State: _____ Zip: _____ County: _____ Telephone: _____
E-mail: _____

Information required on the Death Certificate

Date of Birth: _____ Place of Birth: _____
City _____ State _____
Sex: M F Race: _____ Hispanic: Yes No Specify (Cuban, etc.): _____
Social Security #: _____ Education (Grad 1-12/College 1-4 or 5+): _____
Usual Occupation (even if retired): _____ Business or Industry: _____
Father's Complete Name: _____
First Middle Last
Mother's Complete Name: _____
First Middle Maiden
Marital Status: Married Married but Widowed Divorced Never Married Civil Union Civil Union but Separated Surviving Partner of Civil Union Separated
Husband/Wife/Partner Name (If Wife, Maiden Name): _____
Are you a Veteran?: Yes No If Yes, please provide us with a copy of your discharge paper.

Authorization For Cremation

I, the undersigned, authorize and request Cremation Society™ of Illinois, Inc. or its assigns to take custody of my body from the place of death, to cremate the remains of myself, _____, and further authorize and request that the following disposition of the cremated remains be made:

I will indemnify and hold harmless Cremation Society™ of Illinois, Inc. 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: _____ Date: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

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

I wish to register with Cremation Society™ Of Illinois, Inc. Single \$20.00 Couple \$15.00 each \$ _____
 I wish to prepay for my Cremation and to have the money placed in trust/insurance. \$ _____

Please include Driver's License Number on all Checks. **TOTAL PAID: \$ _____**
After filing, you will receive membership cards.

Next Of Kin - Please list at least one (If none, primary person in charge)

Next of Kin 1:

Name: _____ Relationship: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ County: _____
Email: _____

Next of Kin 2:

Name: _____ Relationship: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ County: _____
Email: _____

In order that your wishes are followed, please check one of the following two options:

- "I do not wish to allow any of my survivors the option of cancelling my cremation and selecting alternative arrangements, regardless of whether my survivors deem a change to be appropriate."
 "I wish to allow only the survivors who I have designated below the option of cancelling my cremation and selecting alternative arrangements, if they deem a change to be appropriate."

Designated Survivor(s) (if any): _____

Obit/Death Notice

Husband/Wife/Partner: _____

Children: _____

Brother/Sister: _____

Grandchildren: _____

Great Grandchildren: _____

Additional Instructions If Desired