

Mail this form and your check to:
Cremation Society of South Carolina
PO Box 16204
Greenville, South Carolina 29606
 Or call to register 864.233.7334 or toll-free 877.322.7368
 Register on-line at www.cremation-sc.com



Membership Registration Form

(This information is required for the death certificate and any obituary listings)

DEATH CERTIFICATE INFORMATION

| | | | | | |
|---|--------|--|--|----------------|-------------|
| Name _____ | | | Phone (____) _____ | | |
| First | Middle | Last | | | |
| Address _____ | | City _____ | State _____ | Zip _____ | |
| Social Security Number _____ | | Date of birth _____ | Birthplace (city and state, or foreign country) _____ | | |
| U.S. Armed Forces <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, please enclose a copy of discharge papers) | | | Branch of Service _____ | | Rank _____ |
| Marital status <input type="checkbox"/> married <input type="checkbox"/> never married <input type="checkbox"/> widowed <input type="checkbox"/> divorced | | | Spouse's name (include maiden name if applicable) _____ | | |
| Usual occupation _____ | | Type of business _____ | Employer _____ | how long _____ | |
| Education (highest grade completed including college) _____ | | Hispanic origin <input type="checkbox"/> yes <input type="checkbox"/> no | Race _____ (American Indian, Black, White, etc. - Specify) | | |
| Father's name* _____ | | Mother's name* _____ | | | |
| First | Middle | Last | First | Middle | Maiden Name |

* indicate deceased

OBITUARY INFORMATION

| |
|---|
| Children and their places of residence* _____ |
| Grandchildren and their places of residence* _____ |
| Siblings and their places of residence* _____ |
| Wedding date _____ Religious affiliation/church _____ |
| Organizations (Clubs, memberships, lodges, societies, fraternities, sororities) _____ |
| War record _____ |

* indicate deceased

You may include payment for your cremation services with your registration fee, or pay for cremation services at any time in the future.

Would you like pre-funding information? yes no

Signature _____ Date _____

Relationship _____

If signed for self, indicate "SELF"

You are a member when we receive this form and your registration fee of \$25.00,
 Registration fees are non-refundable.
 Please use one form per member.