

AUTUMN FUNERALS CREMATION & BURIAL

TOLL FREE 800.589.8000 • PHONE 503.443.4900 • FAX 503.443.4902

REGISTRATION FORM

The information requested on this form will be used by the funeral service establishment you select to prepare all of the necessary paperwork following the death. The funeral service establishment should assist you with filing a death certificate, obtaining certified death certificates, notice to Social Security, veteran's benefits, preparing and submitting obituaries and a number of other services.

Name _____ Sex _____ Phone _____
First Middle Last

Address _____ City _____ State _____ Zip _____

Inside city limits? _____ County? _____ Are you of Hispanic origin? _____ Race _____

Highest grade of education _____ Social Security number _____ / _____ / _____
(List specific degrees)

Date of birth _____ Birthplace _____

Usual occupation _____ Type of industry _____
(do not list retired)

Marital status _____ Name of spouse _____
(married, registered domestic partner, never married, divorced, widowed) (if married, widowed or registered domestic partner—include maiden name)

Father's name _____ Mother's maiden name _____
First Middle Last First Middle Last (Maiden)

Legal next of kin _____ Relationship _____
(see "An Important Note about Disposition" in Step 1, page 3)

Address _____ Phone _____

Legal next of kin _____ Relationship _____
(see "An Important Note about Disposition" in Step 1)

Address _____ Phone _____

VETERAN: Yes/No _____ Service # _____ Grade/ Rank _____

Branch _____ Date of entry _____ / _____ / _____ Date of separation _____ / _____ / _____

Did they serve in combat? _____ Location of combat zone _____