

Statistical Information

Name _____ Sex _____ Birthdate _____

First Middle Last

Address _____

City _____ County _____ State _____ ZIP _____

Email _____ Race _____ Birthplace _____

Social Security # _____ Phone _____

Usual Occupation _____ Kind of business or industry _____

(Give kind of work during most of working life, even if retired)

City & State

Employer _____ Highest Education Level _____

Father's name _____ Mother's first name and maiden name _____

Check one Married Husband/Wife's name, if wife (maiden name) _____

Place of Marriage _____ Date of Marriage _____

Widowed Deceased Husband/Wife's name, if wife (maiden name) _____

Divorce Never married

Next of Kin _____ Relationship _____

Their address _____ Phone _____

Street City State ZIP

Are you a veteran? _____ If yes, please enclose a copy of your discharge.

Serial number _____ Date enlisted _____ Rank at discharge _____

Date discharged _____ Discharge on file at _____

Names of wars conflicts toured _____

I, the undersigned, authorize and request the Cremation Society of Missouri or its assigns to cremate the remains of _____

_____, and further authorize and request that the following disposition of the cremated remains be made:

Ship to _____

Release to _____

Hold for further instructions (if held longer than 60 days, cremated remains will automatically be forward to the informant).

I will indemnify and hold harmless the Cremation Society of Missouri from any claims to the contrary including all liability and claims related to the shipment and storage of the cremated remains.

Signed _____ Witness Signed* _____

Address _____ Address _____

City _____ State _____ ZIP _____ City _____ State _____

Date _____ ZIP _____

*Anyone may witness your signature.