

Registration Form

To Register Burial, Cremation or Funeral Decisions

Name (please print) _____
first name middle name last name

Address _____
street city state zip code phone

Social Security # _____ Sex _____ Race _____

Birth Date _____ Birthplace _____

Years of Education _____ Occupation (most of life) _____

Father's Name _____ Mother's Name (including maiden name) _____

Check one of the following: Married Never Married Divorced Widowed

Name of Spouse _____ Wife's Maiden Name _____

(The above information is necessary for the death certificate. This information is kept strictly confidential).

PERSONS TO BE NOTIFIED

Name _____ Relationship _____

Address _____ Telephone # _____

Name _____ Relationship _____

Address _____ Telephone # _____

DESIGNATE YOUR WISHES • Check any items you wish us to record:

FUNERAL (viewing, funeral service, graveside service)

Designate Casket (see selection in "Cost and Services") _____

Designate Church _____

Designate Cemetery _____

Other Details _____

SIMPLE BURIAL (graveside service without viewing)

Designate Casket (if other than basic metal casket included in this package, choose from selections in "Cost and Services") _____

Designate Cemetery _____

Other Details _____

SIMPLE CREMATION (services and burial available at a national cemetery)

Please Note: If a person has not legally signed for their own cremation, Colorado law requires family members to sign permission to cremate after the death occurs. Please fill out reverse side of this form and save problems for your family later.

If you wish to pre-pay for any of the above, check this box for additional information.

Sign here X _____

When your decisions have been registered, you will be receiving your *All Veterans Burial & Cremation* IDENTIFICATION and NOTIFICATION cards. PLEASE INCLUDE COPY OF DISCHARGE WITH THIS FORM, IF POSSIBLE.

For Additional Assistance,
Call 303-234-0911 or 1-800-766-7007

