

# CROWN MEMORIAL CENTERS, CREMATION & BURIAL

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**EASTSIDE**  
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**MILWAUKIE**  
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**TUALATIN**  
(503)885-7800 Phone  
(503)885-7805 Fax

**SALEM**  
(503)581-6265 Phone  
(503)480-1126 Fax

## 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, page 3)*

Address \_\_\_\_\_ Phone \_\_\_\_\_

VETERAN: Yes/No \_\_\_\_\_ Service # \_\_\_\_\_ Grade/ Rank \_\_\_\_\_

Branch \_\_\_\_\_ Date of entry \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of separation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Did they serve in combat? \_\_\_\_\_ Location of combat zone \_\_\_\_\_