

# CROWN MEMORIAL CENTERS

## Cremation & Burial

### Portland

(503) 783-3393 Phone

(503) 847-2539 Fax

### Milwaukie

(503) 653-7076 Phone

(503) 653-6864 Fax

### 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 \_\_\_\_\_  
*(white, black, etc.)*

Highest grade of education \_\_\_\_\_ College \_\_\_\_\_ Degree \_\_\_\_\_  
*(years of elementary or secondary) (list specific degree)*

Date of birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Usual occupation \_\_\_\_\_ Type of industry \_\_\_\_\_ Social Security number \_\_\_\_\_  
*(do not list retired)*

Marital status \_\_\_\_\_ Name of spouse \_\_\_\_\_  
*(if married, widowed or registered domestic partner—include maiden name)*

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_  
*First Middle Last First Middle Maiden*

Legal next of kin \_\_\_\_\_ Relationship \_\_\_\_\_

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

Legal next of kin \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

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