



414-384-2424

### Registration Form

Name\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_

#### Information for the Death Certificate

Date of Birth\_\_\_\_\_ Place of Birth\_\_\_\_\_

Sex\_\_\_\_\_ Race\_\_\_\_\_ Hispanic Origin\_\_\_\_\_

Occupation(before retirement)\_\_\_\_\_ Industry\_\_\_\_\_

Years of Education\_\_\_\_\_ Veteran (Branch)\_\_\_\_\_

\*If veteran please include copy of discharge papers)

Father's Name\_\_\_\_\_ Mother's Name (maiden)\_\_\_\_\_

Husband/Wife Name (If wife include maiden)\_\_\_\_\_

Social Security Number\_\_\_\_\_

#### Authorization for Cremation

I, the undersigned, authorize and request the Cremation Society of Milwaukee or its assigns to cremate the remains of\_\_\_\_\_, and further authorize and request that the following disposition of the cremated remains be made:\_\_\_\_\_. I will indemnify and hold harmless the Cremation Society of Milwaukee and the crematory from any claims to the contrary, including all liability and claims related to the shipment and storage of cremated remains. I understand all authorizations at the time of death must be handled within the parameters of the laws set forth by the State of Wisconsin and/or any other regulatory agencies which may require authorizations by my surviving next of kin.

\_\_\_\_\_  
Signature

**Payment Options-** You are not a member until this form is on file and fee received

- ☐ I wish to register with the Cremation Society of Milwaukee  
\$35 per individual or \$50 per couple
- ☐ I wish to prepay for my arrangements-please have a counselor call me
- ☐ I wish to register at this time but not pay for my arrangements or membership

**Next of Kin-Please list at least one**

Name\_\_\_\_\_ Relation\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

**Additional Next of Kin**

Name\_\_\_\_\_ Relation\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

**Additional Next of Kin**

Name\_\_\_\_\_ Relation\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

**Additional Instructions**


**Return this form to 4747 S. 60th St., Greenfield WI 53220**