



Alaska's First and Only Cremation Society
Anchorage (907) 277-2777 Wasilla (907) 373-8627
Toll-free (877) 283-1753 Fax (877) 782-6360

Registration Form

Name(**Person planning for**) _____ Telephone: _____

Physical Address _____
Street & Number City State Zip

Information required on the Death Certificate

Maiden name _____

Date of Birth _____ Place of Birth _____
City State

Sex M F Race _____ Hispanic Yes No If yes(Origin): _____

Social Security # _____ Education (Grade 1-12/ College 1-4, 5 +) _____

Usual Occupation: _____ Business or Industry _____

Father's Name _____ Mother's Name (First & maiden) _____

Marital Status Married Never Married Widowed Divorced

Husband/Wife Name (if wife-Maiden Name) _____

Are you a Veteran? Yes No If **Yes**, enclose a copy of your discharge papers(DD-214).

AUTHORIZATION FOR CREMATION

I, the undersigned, authorize and request the Cremation Society of Alaska or its assigns to cremate the remains of _____, and further authorize and request that the following disposition of the cremated remains to be made: _____.

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

Witness Signature

Signed _____

Date _____ Address _____ Phone _____

City _____ State _____ Zip _____

Next of Kin- Please list at least one

Name _____ Relationship _____

Address _____
Street and Number P.O. Box City State Zip

Phone _____

