

Cremation Registration and Declaration Form

FOR: _____ (Print Name)

This form is to advise family and friends of my decision to choose cremation for my final disposition.

I, _____ (Sign) being of sound mind, state that, after my death, I want my family and all others concerned to follow my wishes as stated in this Cremation Declaration Form. This form is meant to replace any information in regards to my final disposition that went before today, _____ (today's date).

The following instructions are what I want done after my death in regards to my cremation decision:

A: This is what I want done with my ashes: (mark and initial one)

Scatter Buried Location: _____ Mail Release to: _____

B: I have made my wishes known to my immediate next of kin (Spouse, Child, Parent, Sibling...) who will be the Authorizing Agent to authorize my cremation as recognized by the Ohio Revised Code. I also understand that I can appoint by the use of a different and separate Appointment of Representative for Disposition document, a representative other than my immediate next of kin who will arrange according to my wishes and authorize my final disposition.

After reading the above paragraph, this is the authorized person (or persons) or appointed representative with whom I have made my wishes known and whom I have trusted with my cremation decisions:

_____ (Name) Immediate next of kin (authorizing agent)	_____ (Relationship)	_____ (Telephone Number)
_____ (Name)	_____ (Relationship)	_____ (Telephone Number)

C: Initial one of the 3 items below:

_____ I do want a memorial service
 _____ I do not want a memorial service
 _____ I want to leave this decision up to my family

D: Initial one of the 3 items below:

_____ I do wish to have my body viewed before cremation
 _____ I do not wish to have my body viewed before cremation
 _____ I want to leave this decision up to my family

Again, I wish to declare that I want cremation as my final disposition and to follow all instructions on this page.

 (Sign) _____ (Date)

Vital Statistics

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

Address _____	City, State _____	ZIP Code _____	
Telephone Number _____	Date of Birth _____	Place of Birth _____	Social Security Number _____
Check one of the following: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Name of Spouse _____	Wife's Maiden Name _____		
Occupation (before retirement) _____	Years of Education/Degree _____		
Father's Name _____		Mother's Name (w/ maiden Name) _____	
Veteran? <input type="checkbox"/> Yes, please provide a copy of Discharge.			