

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. Once this form is filled out correctly, signed and witnessed, it is valid under the laws of Oklahoma.

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 _____ Mail Release to: _____

B: This is the person (or persons) with whom I have made my wishes known and whom I have entrusted with my cremation decisions:

(Name) (Relationship) (Telephone Number)

(Name) (Relationship) (Telephone Number)

C: Initial one of the 2 items below:

_____ I **do** want a memorial service
_____ I **do not want a memorial service**

D: Initial one of the 2 items below:

_____ I **do** wish to have my body viewed before cremation
_____ I **do not wish to have my body viewed before cremation**

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

(Sign) (Date)

Statement of Witnesses

(2 are necessary) I, the witness, state that the person who signed the "Cremation Registration and Declaration" form is known to me and has signed this form in my presence. He/she appears to be of sound mind and not under duress, fraud or undue influence.

(Signature of Witness #1) (Address) (Telephone Number)

(Signature of Witness #2) (Address) (Telephone Number)

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: Married Never Married Divorced Widowed

Name of Spouse _____ Wife's Maiden Name _____

Occupation (before retirement) _____ Years of Education _____

Father's Name _____ Mother's full maiden Name _____

Veteran? Yes, please provide a copy of Discharge.

This "Cremation Registration and Declaration" Form will be kept on file with Cremation Society of Oklahoma. For any changes call 800-994-7337

800-994-7337 | TulsaCremation.com

2103 E 3rd Street, Suite 101 | Tulsa, OK 74104 | (918) 599-7337 | Fax (918) 587-4407
9120 S Toledo Avenue, Suite 100 | Tulsa, OK 74137 | (918) 499-8787 | Fax (918) 587-4407



4 Easy Steps to Pre-pay Your Cremation Plan

1) Choose Your Plan

Cremation Plans

- | | | |
|--|---------|----------|
| <input type="checkbox"/> Just a Simple Cremation | \$995 | \$ _____ |
| <input type="checkbox"/> Simple Cremation (with Nationwide Guarantee) | \$1,320 | \$ _____ |
| <input type="checkbox"/> Simple Cremation with Mailing | \$1,090 | \$ _____ |
| <input type="checkbox"/> Simple Cremation with Final goodbye | \$1,070 | \$ _____ |
| <input type="checkbox"/> Simple Cremation followed by Memorial Service | \$1,340 | \$ _____ |

Veterans Cremation Plans

- | | | |
|--|---------|----------|
| <input type="checkbox"/> Veterans Simple Cremation | \$995 | \$ _____ |
| <input type="checkbox"/> Veterans Memorial Service following the Cremation | \$1,340 | \$ _____ |
| <input type="checkbox"/> Veterans Traditional ceremony followed by Cremation | \$2,850 | \$ _____ |

2) Add Additional Items

- | | | |
|--|-----------------------|----------|
| <input type="checkbox"/> Death Certificates | _____ @ \$ 16.50 each | \$ _____ |
| <input type="checkbox"/> Mailing of Ashes | \$ 95 | \$ _____ |
| <input type="checkbox"/> Scattering of Ashes in Rolling Oaks | \$ 95 | \$ _____ |

Additional Out of Area Transportation

- | | | |
|--|-------|----------|
| <input type="checkbox"/> 51-100 miles from Tulsa | \$ 95 | \$ _____ |
| <input type="checkbox"/> More than 100 miles | \$195 | \$ _____ |

TOTAL \$ _____

3) Complete & Sign the Registration & Declaration

4) Enclose your Check or Money Order & Mail

Visa/MC Amex Discover

Mail your Cremation Registration Form along with your check or money order to:

Cremation Society of Oklahoma
2103 East 3rd Street, Suite 101
Tulsa, OK 74104-1817

Card #: _____

Exp: _____ CID: _____

Name on card: _____

Need Interest Free Financing on your Pre-payment?

- I would like to make a deposit of \$100 on the cremation, therefore locking in the price, and pay the remainder by monthly installments of: (Please circle) \$40 \$50 \$75 \$100

Mail your Receipt and Registration Cards to:

Your Name _____

Street _____

City _____ State _____ ZIP _____

Exclusive Provider of



email: info@tulsacremation.com
800-994-7337 | TulsaCremation.com

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